



AAL JOINT PROGRAMME

**Negotiated Procedure for an Action Aimed at
Supporting Collaborations between the
Ambient Assisted Living Joint Programme and
Local and Regional Authorities**

FINAL REPORT



DISCLAIMER

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Glossary

AAL	Ambient Assisted Living
AAL JP	Ambient Assisted Living Joint Programme
EIP AHA	European Innovation Partnership on Active and Healthy Ageing
ICT	Information and Communications Technology
IPR	Intellectual Property Rights
NCP	National Contact Point
RIS3	Research and Innovation Smart Specialisation Strategy
WS1	Content B Exchange of Experiences Workshop, held in Valencia on 18 October 2013
WS2	Content A Raising Awareness Workshop & Content B Exchange of Experiences Workshop, held in Vienna on 4 November 2013
WS3	Content A Raising Awareness Workshop, held in Brussels on 27 November 2013

Executive Summary

This document summarizes the results and findings from work starting July 2013 and ending December 2013 in the Supporting Collaborations between the Ambient Assisted Living Joint Programme and Local and Regional Authorities action. The action was launched as first step towards creating support activities which help AAL JP in dissemination activities and AAL JP projects in deployment, at both regional and local level. The outcome of the action can be used to enhance the knowledge and dissemination of the AAL JP and the AAL JP projects among regions and local authorities.

This support action was aimed at:

- (i) raising awareness of AAL JP activities and AAL JP projects among European regions;
- (ii) fostering exchange of experience among European regions on the issues of assisted living and demographic change.

In order to achieve these goals, the following three workshops were realized.

Workshop #	City	Date	Content
WS1	Valencia (SP)	18 th October 2013	B (Exchange of experiences)
WS2	Vienna (AT)	4 th November 2013	A (Raising Awareness) B (Exchange of experiences)
WS3	Brussels (BE)	27 th November 2013	A (Raising Awareness)

This document provides a **detailed analysis of the action**, including information on how the activities were realized, the main outcome generated and recommendations for future actions:

- Description of the activities realized
- Analysis of the participation (dissemination impact; participants' profile)
- Recommendations and best practices

(1) Description of the activities. The following activities aimed at raising awareness and fostering exchange of experience were carried out:

- Presentation of the regional experiences on ICT solutions for independent living, existing resources for AAL solutions (EIP AHA, RIS3), regional experiences in innovative procurement
- Discussion groups on innovative procurement and main findings
- Showcase of AAL JP selected projects
- Match-making activities between regional and local authorities and the AAL JP projects

The participants evaluated positively the presentations of the workshops, as valuable and informative.

With reference to the innovative procurement the participants actively participated to the discussion groups and showed interest mainly towards:

- ✓ Training, dissemination, sharing of experience among regions
- ✓ Intellectual Property Rights
- ✓ Involvement of all relevant stakeholders
- ✓ Regions enhancement (organizational and overall strategy)

Besides, 29 AAL JP projects covering the AAL JP Calls from 1 to 4 were showcased and networking sessions between regions and projects were performed. The match-making activities were positively evaluated: a future cooperation, mainly in terms of exchange of experiences and the joint participation in the AAL JP, is considered as likely.

(2) Analysis of the participation. The contractors invited regions leading, active and less active in the field of AAL, and EIP AHA reference sites. According to the region of origin of the coordinators of the AAL JP funded projects within the AAL JP Calls from 1 to 4, the regions were considered:

- (a) Leading regions: more than 1 AAL JP coordinated projects
- (b) Active regions: 1 AAL JP coordinated project
- (c) Less active regions: 0 AAL JP coordinated projects

Altogether 202 regions from 26 countries were invited to the workshops, including the EIP AHA reference sites:

- ✓ Leading regions (17)
- ✓ Less active regions (145)
- ✓ Active regions (6)
- ✓ EIP AHA reference sites (34)

A wider dissemination was also spread through the social networks Facebook, Twitter and LinkedIn. A dedicated Twitter account was created @AALREGIONS. Finally, actions towards general dissemination were realized. The workshops hosted respectively 53 participants from 35 regions and 15 countries, 2 of them currently not part of the AAL JP (Content A Raising Awareness Workshops); 50 participants from 33 regions and 10 countries, 1 of them currently not part of the AAL JP (Content B Exchange of Experiences Workshops).

In terms of *impact of the dissemination*, the invitations made through direct and informal contacts or thematic networks showed the highest impact, so that future similar actions shall be disseminated through relevant intermediary entities close to and known by the targeted organizations. Besides, in several occasions the invited administrative units indicated the lack of expertise (administrative competence; language barrier) in international/European affairs as a main reason for not participating, so that future similar actions in the AAL field and addressed to local authorities shall be preferably realized on a regional or interregional basis according to common languages and administrative organization.

The *analysis of the participants' profile* provides relevant insights for future similar support actions and to target future actions aimed at strengthen the AAL solutions at regional and local level. The participating entities were regional or municipal authorities, R&D entities (universities and EIP AHA reference sites) and care providers. Most of the participating local authorities are involved in health and social care, including services for older people and home care, while a number of participants are policy makers at local and regional level in the field of health and social care.

The management of chronic conditions and the enhancement of independence in all fields are the main interests of the participant local authorities and innovation by them is perceived as the main tool to address the challenges of those issues. Furthermore, the participating authorities are mature towards the perspective of integrating innovative solutions within their systems/services and the involvement in EU funded initiatives for the development and deployment of innovative solutions in the field. On the other side the budgetary restrictions are seen as the main barrier for it.

(3) Finally, **recommendations** based on the main findings described above are provided in Section 4. The recommendations are aimed to enhance:

- Future support actions
- Deployment of AAL solutions
- Innovative procurement

Moreover, the following **best practices** presented within the workshops are included as guidelines for the innovative procurement of AAL solutions:

- Catalonia, Spain
- City of Rotterdam, Nederland
- Scotland, UK
- Marche Region, Italy

Introduction

This document presents the *Final Report* of the Negotiated Procedure for an Action Aimed at Supporting Collaborations between the Ambient Assisted Living Joint Programme (AAL JP) and Local and Regional Authorities.

The Action was tendered in spring 2013 and awarded at the end of June 2013. The work started on July 2013 and ended on December 2013.

According to the Action prescriptions, three workshops were realized in order to raise the awareness of the AAL JP and to foster the exchange of experience among European regions. In particular, the *Content A Workshops* were carried out in Vienna and Brussels, respectively on the 4th and the 27th of November, in order to (i) raise the awareness of AAL JP activities and AAL JP projects among European regions. Besides, the *Content B Workshops* were realized in Valencia and Vienna, respectively on the 18th of October and the 4th of November, in order to (ii) promote the exchange of experiences and ideas among representatives of local and regional authorities (in particular on relevant policies, implementations of such policies as well as financing of AAL solutions).

The awarded entities, **Polibienestar** and **K-veloce I+D+i** (the contractors) implemented the action. **Polibienestar** (www.polibienestar.org) is a Public Research Institute belonging to the University of Valencia (Spain). It is specialized in research, innovation and social technology, technical advice and training in the field of public policies. Its final mission is the improvement of the Welfare and Quality of Life of society. **K-veloce I+D+i** (www.kveloce.org) is a R&D consultancy specialized in the development and implementation of R&D projects and EU funding. The company has strong expertise in training activities focused on EU funding, R&D, Innovation processes and Knowledge management addressed to SMEs, Research Centres and local authorities.

In order to reach the target public, the contractors (1) identified within the target countries the regions and EIP AHA reference sites to be involved within the workshops; (2) categorized the regions in terms of leading, active and less active regions; (3) prioritized the regions according to the geographical criterion – countries to be covered – and to the qualitative criterion – leading and less active regions, EIP AHA reference sites -; (4) invited the targeted regions and EIP AHA reference sites.

The contractors categorized the regions in *leading*, *active* and *less active* in the field of AAL according to the region of origin of the coordinators of the selected AAL JP projects within the AAL JP Calls from 1 to 4. According to this criterion, the regions were considered:

- (a) Leading regions: more than 1 AAL JP coordinated projects
- (b) Active regions: 1 AAL JP coordinated project
- (c) Less active regions: 0 AAL JP coordinated projects

The communication strategy to invite the regions was developed with the support of the regional networks **CORAL, Euregha, AER**.

CORAL - Regional Policies for Active and Healthy Ageing is a European network of regions collaborating in the field of Ambient Assisted Living and Active and Active and Healthy Ageing (AHA). CORAL undertakes an intermediary and broker function between the networks members and others that are searching for cooperation opportunities on a trans-regional level. **Euregha - European Regional and Local Health Authorities** is a network of regional and local authorities in health related issues and aims to promote collaboration amongst regional and local health authorities in Europe, as well as to establish focused collaboration with the Institutions of the European Union and with the international and public organizations related to public health and health care throughout the world. **AER - Assembly of European Regions** is the largest independent network of regional authorities in wider Europe, bringing together over 250 regions from 35 countries along with 16 interregional organisations. AER is a forum for interregional co-operation and a lobbyist for regional interests on the European stage.

The regional networks supported the contractors in (i) identifying and prioritizing the regions to involve; (ii) inviting the targeted regions; (iii) actively disseminating the workshops among members and the general public; (iv) monitoring the events for further analysis.

The *Content A* and *Content B Workshops* were addressed to regional and municipal representatives with responsibilities in health, ICT, Social Services and Social and Health Care. The target regions were regions from the current AAL JP Partner States (Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Hungary, Ireland, Israel, Italy, Luxembourg, the Netherlands, Norway, Poland, Portugal, Romania, Slovenia, Spain, Sweden, Switzerland and the United Kingdom); regions from EU Member States currently not part of the AAL JP (Bulgaria, Czech Republic, Estonia, Greece, Latvia and Slovakia); leading and less active regions in the field of Ambient Assisted Living (AAL); EIP-AHA reference sites.

Methods

The present report includes the main results and findings achieved through an in-depth analysis of the implemented activities. The mentioned analysis is based on several sources of information and methods, in particular:

- Invitations monitoring
- Participation statistics
- Registration Questionnaire responses
- Discussion groups transcriptions
- Post event survey

Invitations monitoring

The direct invitations were made by the contractors to its own contacts and the *prioritized* regions member of the supporting regional networks CORAL and EUREGHA; the supporting regional network AER directly managed the invitations to its own targeted member regions.

An analysis of the reasons for not participating was performed by the contractors based on the feedback provided by the regions directly invited. This analysis does not include details on the invitations directly managed by the regional network AER, nor the invitations spread through general dissemination channels.

Participation statistics

The statistical analysis of the participation is based on the registration tables and the attendance sheets.

Registration Questionnaire

Data on participant entities were collected through the questionnaires filled in within the registration procedure.

The questionnaire was elaborated mainly for the purpose of linking participants in the match-making activities; in particular the information on the participants' profile, areas of interest and work, needs and attitude towards assistive technologies was used as basis to schedule the informal meetings between participating regions and the AAL JP selected projects.

Nevertheless, since the questionnaire was fulfilled by general participants and provided a wide range of data, it was used also as a reference in order to have a general picture of the participants' profile.

Discussion groups transcriptions

In order to reinforce the promotion of innovative procurement within the workshops a session for discussion groups about guidelines for Innovative Procurement were set up and realized. The discussion groups were developed on a round-table basis, including 3 subgroups of 6 to 7 participants and a plenary session for conclusions; the speakers specialized in Innovative Procurement and the contractors' staff chaired the round-tables and the plenary session.

The discussion groups were recorded and transcript; the transcriptions provided the material to develop the analysis on the perception and conclusions towards innovative procurement of the participating regions.

Besides, the discussion groups were organised in order to exchange opinions and experiences on topics related to the **regional experiences and innovative procurement**. Besides, in occasion of the WS2 the methodology and discussion themes were adapted to the AAL JP Steering Group review of the WS1, according to which the main focus was to be attributed to the procurement of AAL innovative solutions rather than innovative procurement in general. This shall be taken into account since the discussion groups outcomes might have changed according to the different discussion themes.

Post event survey

A *feedback questionnaire* was shared among all the participants to WS2 and WS3, incl. the AAL JP selected projects; the questionnaire collected perceptions on the impact of the match-making activities (achievements and bottlenecks), and the workshops in general.

The questionnaire was fulfilled by the 53% of participants (14 regions, 5 reference sites and 16 projects), an average response rate commonly found in post-survey questionnaires. In spite of the sample reduction, all the categories are represented according to their respective weight.

As a recommendation for future actions, the participation to a post event survey shall be maximized by sharing and collecting it during the event.

1. Analysis of the action

This support action was aimed at:

- (i) raising awareness of AAL JP activities and AAL JP projects among European regions;
- (ii) fostering exchange of experience among European regions on the issues of assisted living and demographic change.

In order to achieve these goals, three workshops were realized. In particular, the *Content A Workshops* were realized in Vienna and Brussels, respectively on the 4th and the 27th of November, in order to (i) raise the awareness of AAL JP activities and AAL JP projects among European regions. Besides, the *Content B Workshops* were realized in Valencia and Vienna, respectively on the 18th of October and the 4th of November, in order to (ii) promote the exchange of experiences and ideas among representatives of local and regional authorities (in particular on relevant policies, implementations of such policies as well as financing of AAL solutions).

The Content A and Content B workshops were combined in one event – two half-day workshops on the same day, the 4th of November in Vienna.

Workshop #	City	Date	Content
WS1	Valencia (SP)	18 th October 2013	B (Exchange of experiences)
WS2	Vienna (AT)	4 th November 2013	A (Raising Awareness) B (Exchange of experiences)
WS3	Brussels (BE)	27 th November 2013	A (Raising Awareness)

The activities scheduled within the workshops were respectively:

Content A. Raising awareness:

- AAL JP selected projects showcase
- Match-making activities

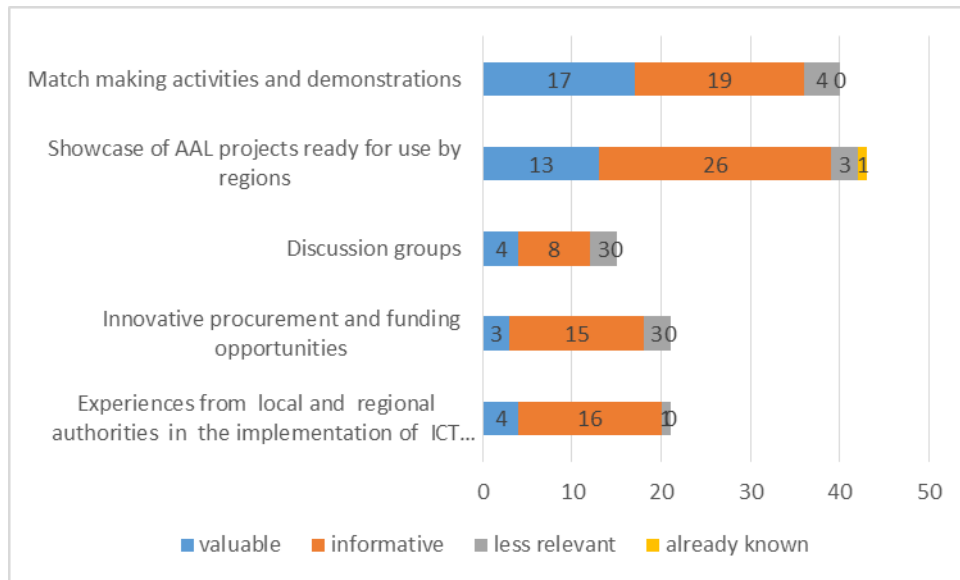
Content B. Exchange of experiences:

- Presentations on regional experiences on ICT solutions for independent living, existing resources for AAL solutions (EIP AHA, RIS3) and regional experiences in innovative procurement

- Discussion groups on innovative procurement

Based on the feedback questionnaire data, the general reaction to the proposed activities can be considered very positive (see Figure 1).

1 Evaluation of activities



1.1 AAL JP selected projects showcase

In order to achieve the goals of (i) raising awareness of AAL JP selected projects among European regions, (ii) establishing links to municipal, regional and national activities and (iii) showcasing AAL projects, the Content A. workshops included the presentation of the AAL Joint Programme by relevant representatives of the programme and the showcase of AAL JP selected projects.

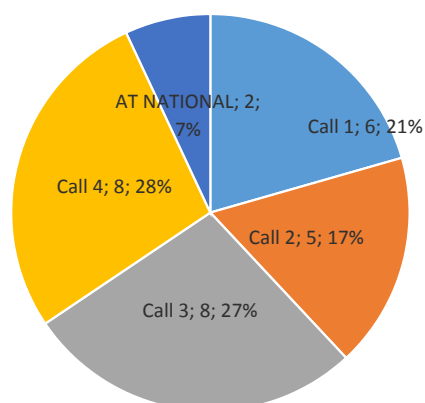
In particular, 33 AAL JP selected projects were selected for participating to the Raising awareness workshops, based on their interest, preferred venue and the balance in covering the AAL JP calls from 1 to 4 (Table 1 & Figure 2).

Over the 33 confirmed participants, 4 projects couldn't finally attend the events (GoldUi, PAMAP, Mobile.Old, Capmouse); 29 projects attended the events, 23 of them showcased their results through a brief 10 minutes presentation, while all the projects presented their demonstration tools during the matchmaking session.

1 AAL JP selected projects

WS2		WS3	
Acronym	Call	Acronym	Call
1	TAO	2	DOME0
2	fearless	3	HOPE
3	ElderHop	3	Si-Screen
4	H@H	1	vAssist
5	WayFIS	3	AALuis
6	Confidence	4	eStockings
7	ASSAM	4	I'CityForAll
8	HOPES	2	T&Tnet
9	CARE	1	ALICE
10	ALICE	1	HOST
11	Agnes	1	GAMEUP
12	EasyReach	2	MyLife
13	Happy Walker	4	2PCS
14	Excite	2	
15	Westaal	AT national	
16	Modulaar	AT national	

2 AAL JP Selected Projects per Call



1.2 Match-making activities

During the content A. workshop, the AAL JP selected projects presenters developed demonstrations and attended match making meetings to discuss with the regional representatives about the transferability potential of the AAL JP selected project results in their regions. Based on the preliminary analysis of the projects and the regions characteristics, the contractors prepared indications on matching the services/products with needs between projects and regions (*match-making table*) that were used in order to support the regions and projects in match-making. The correspondence projects/regions was further prioritized according to the nationality and previous joint experiences criteria.

Members of the contractors' staff supported the regional representatives establishing the contacts and meetings according to the match-making table; 20 regions were put in contact with 16 AAL JP selected projects in WS2 and 18 regions with 13 projects in WS3.

The main findings based on the feedback questionnaire with reference to the impact of the match-making activities cover:

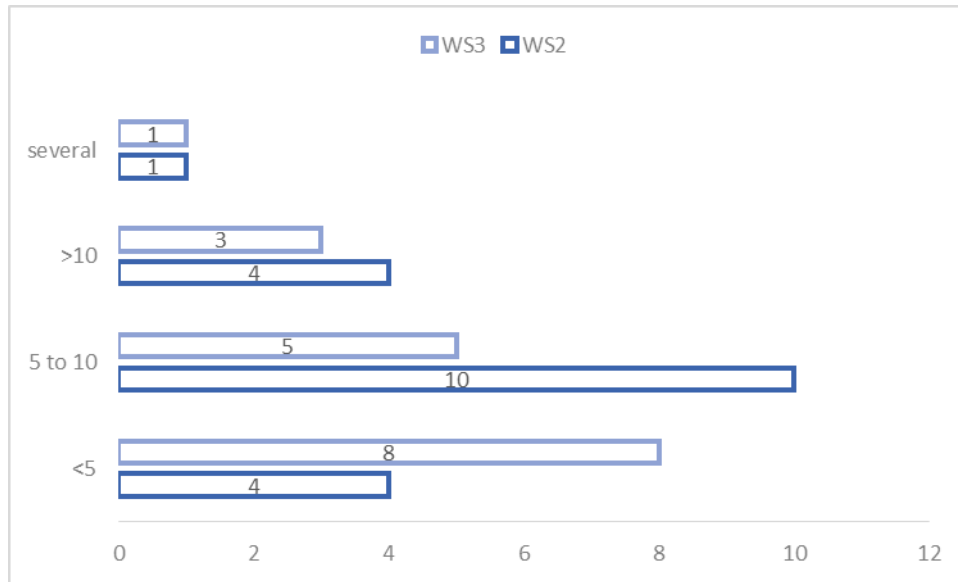
- (1) Number of entities met
- (2) Future cooperation

Number of entities met

The match-making activities showed positive results: 21 participants (60%) met more than 5 entities, and 5 participants (14%) in particular met more than 10, as shown in Figure 3.

The WS2 in Vienna had a slightly higher impact, being 14 (74%) the participants declaring to have met more than 5 entities, against 4 meeting less than 5, while in WS3 half of participants met less than 5 (see Figure 3).

3 Entities met in each WS



N=36

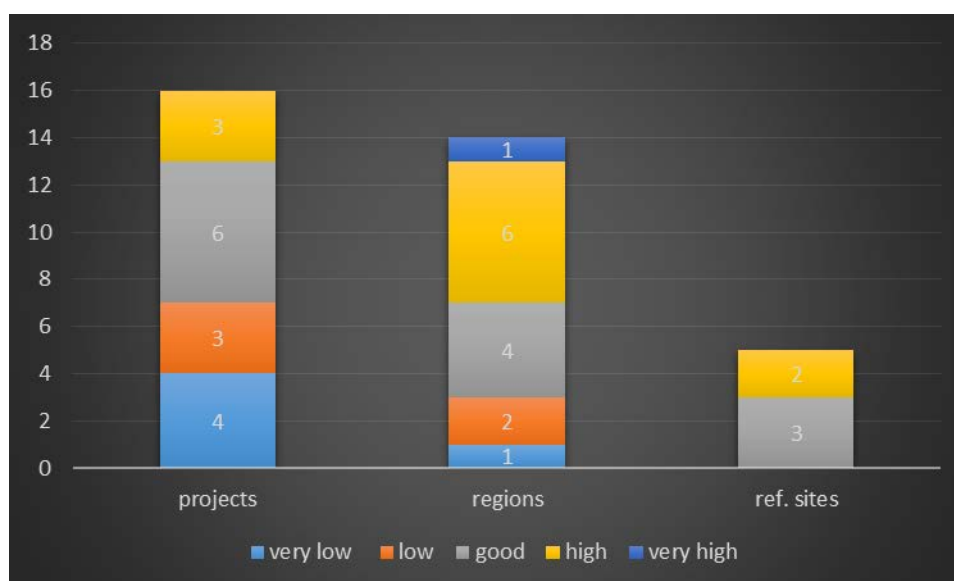
This fact might be probably due to the longer time available in Vienna for the match-making: 30 minutes more were provided, including coffee break and lunch. In fact, some WS3 participants pointed out in the free comments that they would have appreciated '*more time for showcases*' and '*more time to present projects*'.

Future cooperation

The probability of a future cooperation with the met institutions was rated as very high / high / good by 25 participants (71%) and high and very high by 12 (34%).

In particular, the **regions** had a very positive perception of the impact of the action, considering likely and very likely a future cooperation with the organizations met (79% of participant regions); more than half of **projects** (56%) see a future cooperation as likely and very likely. Good perspectives of future cooperation were perceived also by the **reference sites** (Figure 4).

4 Future cooperation (probability)



N=35

In terms of future cooperation the two WS show a similar trend, in both cases a good perception of future collaborations (79% of respondents perceived high and good probability in WS2; 65% of participants perceived good, high and very high probability in WS3).

The main areas for future cooperation are:

- ✓ Exchange of experiences and Participation in the AAL Joint Programme (27% of respondents)
- ✓ Implementation/deployment of AAL JP selected project results and Exchange of experiences (21% of respondents)
- ✓ Participation in the AAL Joint Programme (15% of respondents)
- ✓ Exchange of experiences (12% of respondents)
- ✓ Implementation/deployment of AAL JP selected project results (12% of respondents)
- ✓ Implementation/deployment of AAL JP selected project results and Exchange of experiences, Participation in the AAL Joint Programme (12% of respondents)

1.3 Presentations & exchange of experiences

In order to achieve the *Content B. Exchange of experiences* workshops goals of (i) involving and promoting the exchange of experiences between

regions, (ii) informing on existing resources for AAL solutions and (iii) discussing innovative procurement, the two content B. WS included the presentation of:

- Regional experiences on ICT solutions for independent living
- Existing resources for AAL solutions (EIP AHA, RIS3)
- Regional experiences in innovative procurement

To this end, two speakers' panels per WS were scheduled with the following presenters and themes.

(1) Regional experiences on ICT solutions for independent living

- ❖ Foundation FUNDECYT Scientific and Technological Park of Extremadura: "A Digital Strategy for Extremadura: Health implications"
- ❖ Kronikgune Centre for Health Services Research and Chronicity, Basque Country: "The Basque Country experience on ICT support for chronic disease management"
- ❖ Region Veneto: "ADAPT: Accessible Data for Accessible Proto-Types in Social Sector"
- ❖ University of Malmö: "Experiences and policy for AAL-solutions in the Region of Skåne"
- ❖ Marche Region Authority: "An overview of Marche Region AAL policies and projects"
- ❖ Kronikgune Centre for Health Services Research and Chronicity: "Challenges in scaling up AAL solutions: the Basque Country experience on Telehealth solutions"

(2) Existing resources for AAL solutions

- ❖ Euregha network: "Research and Innovation Strategies for Smart Specialisation (RIS3)"

(3) Regional experiences in innovative procurement

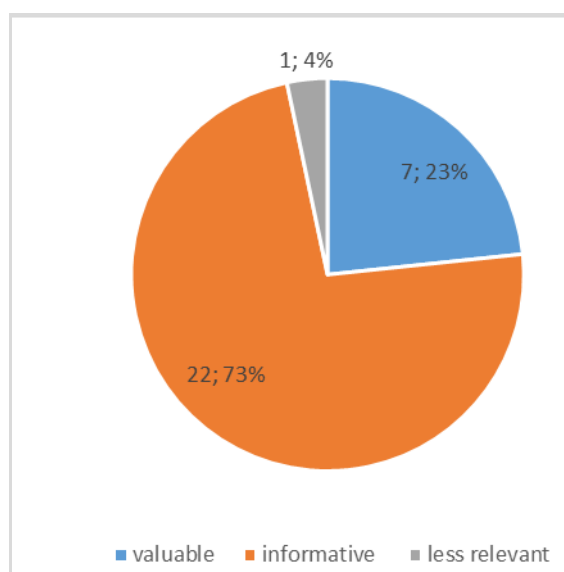
- ❖ Agency for Health Quality and Assessment of Catalonia (AQuAS), Catalonia: "Innovative Procurement Opportunities: DECIPHER. An example of Pre-Commercial Procurement"
- ❖ Municipality of Rotterdam: "Elderly in the City of Rotterdam, the Netherlands"
- ❖ Digital Health Institute, Scotland: "Living It Up – Case Study"

❖ Wragge & Co.: “Innovative procurement and funding opportunities”

All the speakers are relevant experts and/or regional representatives in the fields of ICT for health, Active ageing, Demographic change and/or Innovative Procurement.

According to the post-event survey, the participants evaluated positively, as valuable and informative, the presented experiences, (see Figure 5).

5 Exchange of experiences session - evaluation



1.4 Discussion groups on Innovative Procurement

Part of the Content B. Exchange of experiences WS was dedicated to discuss innovative procurement with regional / local authorities. The regional and local authorities seemed quite mature towards the perspective of integrating innovative solutions within their systems/services, but they need to reinforce their involvement in processes of innovative procurement.

As a main outcome of the discussion groups, a basic knowledge was reported by participants on **innovative procurement** and related issues such as quality, transparency in the process and IPR (WS1), while a low or no experience was referred in the **public procurement of AAL products/technologies**, and thus relevant debate was not generated on the key issues of IPR or the management of the procurement process (WS2).

Participant regions can be considered thus more aware of innovative procurement than public procurement of AAL developed solutions, being the

latter a field that needs to be very much explored and disseminated at the regional and local level. On one side the procurement process is perceived as complex and difficult, and many regions are interested in it but did not experience any. Moreover, there is the need to enhance the organisation and structure of the regional entities before implementing any procurement process of innovative solutions.

In particular, the participant regions shared common interest and concern on:

WS1 – Innovative procurement

- ✓ Lack of confidence / lack of knowledge
- ✓ IPR
- ✓ Involvement of all relevant stakeholders

WS2 - procurement of AAL innovative solutions

- ✓ Quality of the delivery / over-emphasis on price
- ✓ Need of training, dissemination, sharing of experience among regions
- ✓ Regions enhancement (organizational and overall strategy)

More in details the main discussed issues were the following.

- **Lack of knowledge and confidence** about the process. Concern about lack of transparency and political influence, privilege to certain providers, difficult/unclear legal and administrative procedures, unclear European legal framework, state aid risk limiting the competitiveness on the market. Besides, the private sector is not confident about the real possibilities and is concerned about the competing big companies; the public sector is conservative and not used to implement innovative procurement procedures (unable to see the mutual benefits); the legal framework is unclear; the private and public sectors are not used to work in a framework in which benefits are shared.
- **Intellectual Property Rights:** the issue of IPR is unclear due to the legal differences between countries, the business model and investment considered by the private actor, the background and foreground to share, the quantification of the expertise to be shared, the need of co-investment between parties; in some occasions the IPR issue caused the failure of a procurement process (i. e. in the Basque Country, or Extremadura).
- **Quality of the delivery:** concern about the quality of the outcome by the suppliers selected in the Pre-Commercial Procurement;

concern about the over-emphasis on price as an award criterion and on reliability of providers; the need of a highly defined assessment process and quality criteria, together with the need of available information (marketplace; database) on providers.

- **Perceived entry barriers:** concern about the complexity and difficulty of the procurement rules, lack of market knowledge, lack of well-defined business models, so that the regions officers tend to:
 - avoid the tender process
 - maintain the price (simple and transparent) as the main award criterion against quality
- **Training needs:** in general all participants highlighted the interest in and the need of training tools on the procurement process in order to spread the knowledge among public procurers and the bidders about identification of needs and procedures.
- **Mapping best practices:** it is considered a key action for training and raising awareness purpose – the repositories of good practices promoted by the EIP-AHA were cited as an example / means for it; thematic systematization and evidences / indicators / measurement are needed.
- **Perceived fragmentation:** among providers and about procurement rules; lack of an overall regional strategy.
- **Need to raise awareness of decision makers:** the representatives of regions with responsibilities in health, ICT, Social Services and Social and Health Care expressed their interest in the procurement process and stressed the need of raising awareness and knowledge at the level of decision making in their entities.
- **Lack of strategy:** companies do not invest if there is not a strategic framework of coordinated initiatives that makes their offers sustainable in the long term.
- **Involvement of all actors:** all the different actors in the field shall be involved, from technical departments to politicians, from the public sector to the private, SMEs and the industry, from R&D departments to academia, generating a mixed ecosystem where the information about innovation can flow.
- **Local authorities as partners:** in order to promote the procurement of AAL innovative solutions, the local authorities shall be included in the AAL JP projects as partners, pilot developers, buyers.
- **Financial sustainability** of the public procurement model:

- Budget overlapping: regions have the feeling that budget lines overlap among different funding initiatives (i. e. AAL JP, DG for Health and Consumers, DG for Research and Innovation) and public procurement and that they are not coordinated, '*they do not work together*'.
 - Funding level: concern about funding. Who would finance regions in public procurement, the national level or regional or the private sector (R&D)?
 - Business model / ROI / IPR: regions express concern about how the Intellectual Property Rights and the Return on Investment is shared among procurers, suppliers, big companies bidding.
- **Lack of market knowledge**: the knowledge of the products already in the market needs to be improved; the IPR issue needs to be addressed; the awareness of the procurement processes need to be raised.
 - **Replicability**: to develop solutions within a pre-commercial dialogue aimed at meeting specific needs generate tailored products with a difficult access to the market. The developed solutions need to be replicable to ensure a sustainable business model for the private actors.
 - **Bring the customers in the equation**: understand customers' needs, integrate expertise into health and clinical level. New companies shall play the role of integrators of new business models and strategies.
 - **Adequate territorial level**: in some region the organization of health and social care is a local competence so that regions do not provide these services and do not implement procurement processes for them.

1.5 Goals achieved

The *Content A Raising Awareness Workshops* hosted 53 participants from 35 regions and 15 countries, 2 of them currently not part of the AAL JP. Respectively the two workshops reunited 26 and 27 participants.

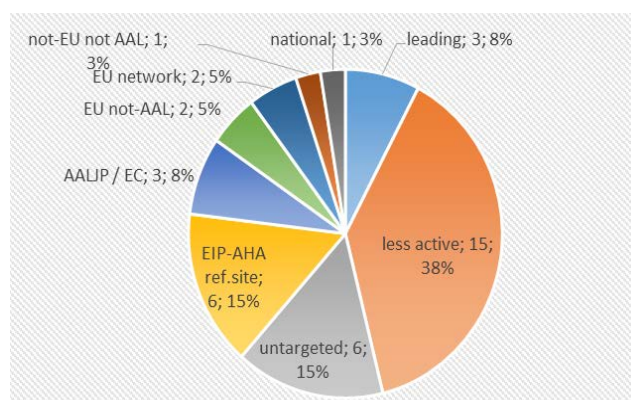
The following goals in terms of (A) raising awareness of AAL JP activities and AAL JP projects among European regions were achieved¹.

To include leading and less active regions

According to the type of entity the *Content A Raising Awareness Workshops* hosted:

- 15 less active regions
- 3 leading regions
- 6 EIP-AHA reference sites
- 2 regions from an EU member State currently not part of the AAL JP
- 6 untargeted regions
- 1 entity from a third country
- 2 European regional networks
- 1 national entity
- 3 AAL JP / EC

6 Content A. Type of participants



To raise the European regions awareness of the AAL Joint Programme based on its 6 calls for proposals

¹ The goals and deliverables for the *Content A* and *Content B* Workshops were detailed in the Negotiated Procedure for an Action Aimed at Supporting Collaborations between the Ambient Assisted Living Joint Programme (AAL JP) and Local and Regional Authorities and the Inception Report.

In order to raise the awareness of the AAL JP among the following activities were realized:

- presentation of the AAL Joint Programme:
- presentation and showcase of 29 AAL JP projects
- match-making session

Networking between AAL JP projects and regional / local representatives

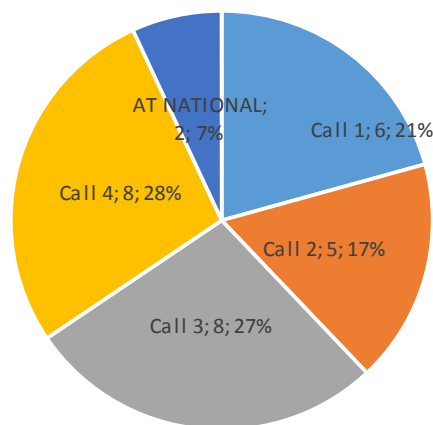
In order to facilitate and enhance the networking among participants, the following activities were realized:

- Questionnaire along with the registration incl. regions profile & needs
- Analysis of the AAL JP projects scope & objectives
- Match-making session set up and realization

To include and showcase AAL JP projects from calls 1 to 4

29 projects attended the events, 23 of them showcased their results through a brief 10 minutes presentation, while all the projects presented their demonstration tools during the matchmaking session.

7 AAL JP selected projects



The *Content B Exchange of Experiences Workshops* hosted 33 regions from 10 countries, 1 of them currently not part of the AAL JP. Respectively the two workshops reunited 24 and 26 participants. The following goals in terms

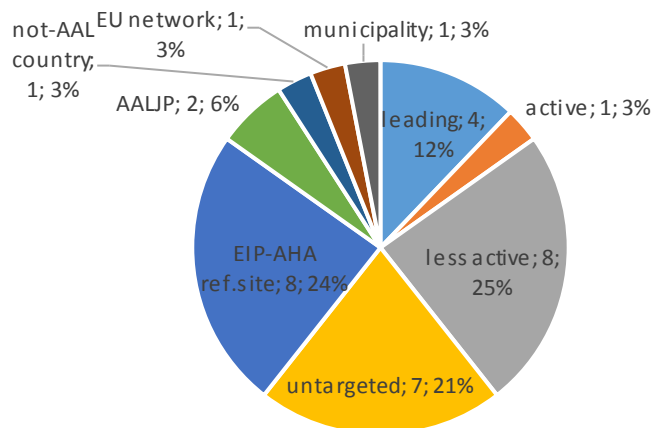
of (B) fostering exchange of experience among European regions on the issues of assisted living and demographic change were achieved².

To include EIP-AHA ref. sites, leading and less active regions

According to the type of entity the content B. Exchange of experiences workshops hosted:

- 8 less active regions
- 4 leading regions
- 8 EIP-AHA reference sites
- 7 untargeted regions
- 2 AAL JP
- 1 active region
- 1 region from an EU member State currently not part of the AAL JP
- 1 European regional network
- 1 municipality

8 Content B. Type of participants



Exchange of experience and opinion among representatives of local and regional authorities; to inform and discuss about existing resources and innovative procurement

² The goals and deliverables for the *Content A* and *Content B* Workshops were detailed in the Negotiated Procedure for an Action Aimed at Supporting Collaborations between the Ambient Assisted Living Joint Programme (AAL JP) and Local and Regional Authorities and the Inception Report.

In order to exchange experiences and opinion among participants and to inform and discuss about existing resources and innovative procurement, the following activities were realized:

- Presentations of regional experiences on ICT solutions for independent living and existing resources for AAL solutions (RIS3), incl. existing initiatives building evidence for the deployment of AAL solutions
- Discussion groups

All the referred activities realized to achieve the goals of the Content A and B Workshops are further described in Sections 1.1 to 1.4.

1.6 Conclusions

- (1) The participant AAL JP selected projects covered the AAL JP Calls from 1 to 5, showed a balanced coverage of the Calls and considered very positive the match-making session, considering likely a future cooperation with the met entities.
- (2) The participating regions and EIP AHA reference sites had a very positive perception of the impact of the match-making session, considering likely and very likely a future cooperation with the organizations met. The cooperation activities seen by participants as most likely in the future are the exchange of experiences and the joint participation in the AAL JP.
- (3) The experiences from local and regional authorities in the implementation of ICT for independent living solutions were presented by relevant experts and/or regional representatives in the fields of: ICT for health, Active ageing, Demographic change, Innovative Procurement. Moreover, the participants evaluated positively the presented experiences, as valuable and informative.
- (4) With reference to innovative procurement processes the participants showed a common interest and concern on:
 - ✓ Lack of confidence / lack of knowledge of the innovative procurement process
 - ✓ Intellectual Property Rights
 - ✓ Involvement of all relevant stakeholders
 - ✓ Quality of the delivery / over-emphasis on price

- ✓ Need of training, dissemination, sharing of experience among regions
- ✓ Regions enhancement (organizational and overall strategy)

2. Participation

According to the Action Aimed at Supporting Collaborations between the Ambient Assisted Living Joint Programme (AAL JP) and Local and Regional Authorities terms, the contractors organised three workshops, one of them aimed at raising awareness of AAL JP activities and AAL JP selected projects among European regions (A), one at fostering exchange of experiences among European regions on the issue of assisted living and demographic change (B) and one to both (A) and (B). The workshops were realized in Valencia, Vienna and Brussels during the months of October and November 2013.

As mentioned, in order to reach the action goals in terms of geographical coverage and type of regions involved, the regions to be invited were identified and prioritized. As a result, 202 regions from 26 countries were identified, including:

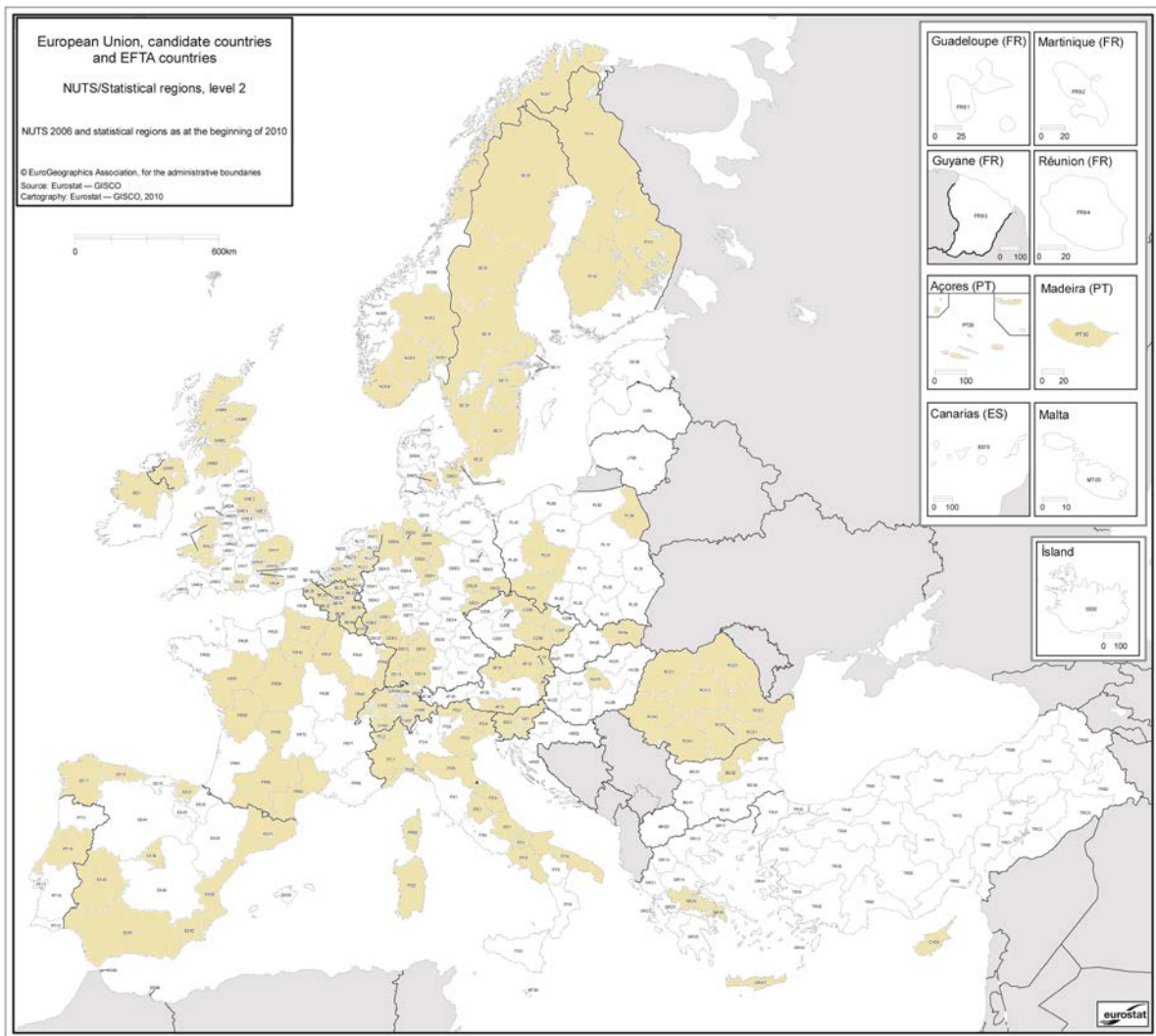
- Leading regions (17)
- Less active regions (145)
- Active regions (6)
- EIP AHA reference sites (34)

The identified regions cover:

- All the current AAL JP Partner States (194)
- EU Member States not currently part of the AAL JP Bulgaria, Czech Republic, Greece (8)

The invited regions are marked in Figure 9.

9 Map of invited regions



 *Invited*

2.1 Impact of invitations

The targeted regions were invited with the support of the regional networks or among the direct contacts of the contractors. The invitations were made through direct contact or through the referring regional network.

The invitations were also spread among all the member regions of the three networks. The invitations were spread widely also through relevant networks:

- **ISCH COST Action IS1102** "Social Services, Welfare State and Places. The restructuring of social services in Europe and its impacts on social and territorial cohesion and governance" (<http://www.cost-is1102-cohesion.unirc.it/>);
- **European Local Inclusion & Social Action Network – ELISAN**, (http://www.elisan.eu/default.asp?url_lang=en);
- **European Network of Social Authorities – ENSA**, network of cities and European Regions that has the aim of promoting international cooperation in the social field (<http://www.ensa-network.eu/>);
- **RegioNetwork2020**, on-line forum for exchanges of good practice and discussions relating to EU Cohesion Policy. It is also designed to support "Europe 2020", the EU's strategy for smart, sustainable and inclusive growth (<https://www.yammer.com/regionetwork/>);
- **Age-platform newsletters** ([sept-2013](#); [oct-2014](#)). AGE Platform Europe is a European network of around 165 organisations of and for people aged 50+ representing directly over 30 million older people in Europe (www.age-platform.eu);
- **European Innovation Partnership on Active and Healthy Ageing (EIP AHA) Newsletter**³ – Issue 6 – October 2013. This newsletter is sent to all the members of the EIP AHA gathering EIP-AHA Reference Sites and the stakeholders from public and private sectors across different policy areas related with ageing;
- **EIP AHA D4 Group**, presentation of the workshops at the meeting of partners of the EIP AHA D4 Group "Age-friendly environments" the 3rd of October in Brussels

(<https://webgate.ec.europa.eu/eipaha/library/index/show/id/733>);

³ The contractor Polibienestar participates actively in two Action Groups of the European Innovation Partnership on Active and Healthy Ageing promoted by the European Commission: B3 Capacity building and replicability of successful integrated care systems based on innovative tools and services and D4 Innovation for age-friendly buildings, cities and environments. Kveloce I+D+I is member of B3 & D4 Action Group.

➤ **EIP AHA Market place**

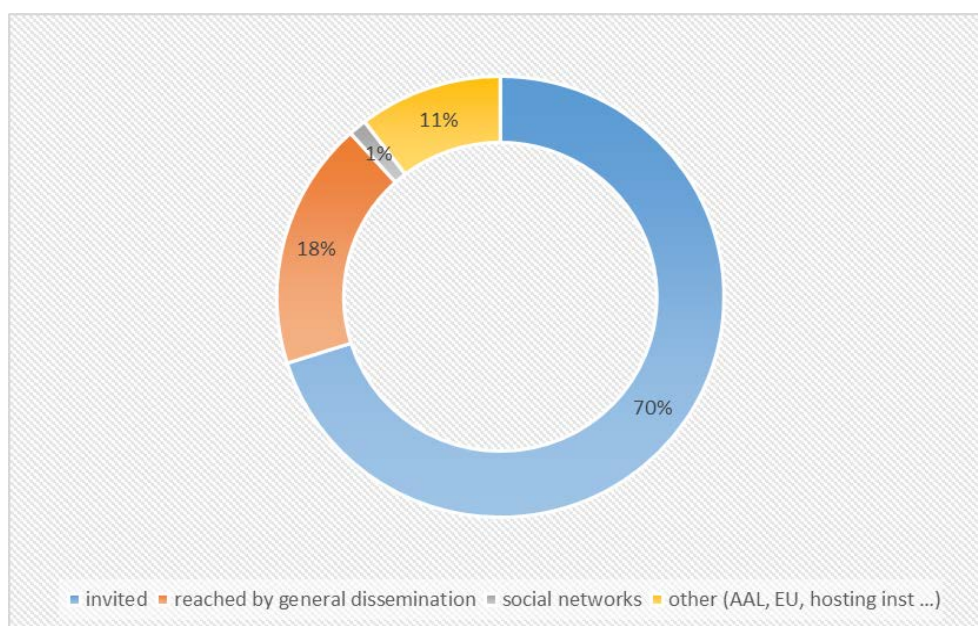
(<https://webgate.ec.europa.eu/eipaha/events/index/show/id/461>,
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<https://webgate.ec.europa.eu/eipaha/events/index/show/id/463>)

A wider dissemination was also spread through the social networks Facebook, Twitter and LinkedIn. A dedicated Twitter account was created @AALREGIONS. Through the Facebook profile a total of 61 regions have been informed about the workshops and 91 through the Twitter account. The social network LinkedIn has been used to send direct invitations to representatives of EU regions in the professional networks of the contractors.

Finally, actions towards general dissemination were realized by the contractors, the supporting regional networks and the AAL JP through own websites and newsletters.

According to the participation data collected, the sound majority of participants was directly invited (as a region, speaker, hosting institution, regional networks), while the remaining participants were reached by general dissemination and a few through social networks), as shown in Figure 10. In conclusion, the social networks did not produce a relevant impact, general dissemination reached a significant impact and the direct invitations showed the highest impact capacity.

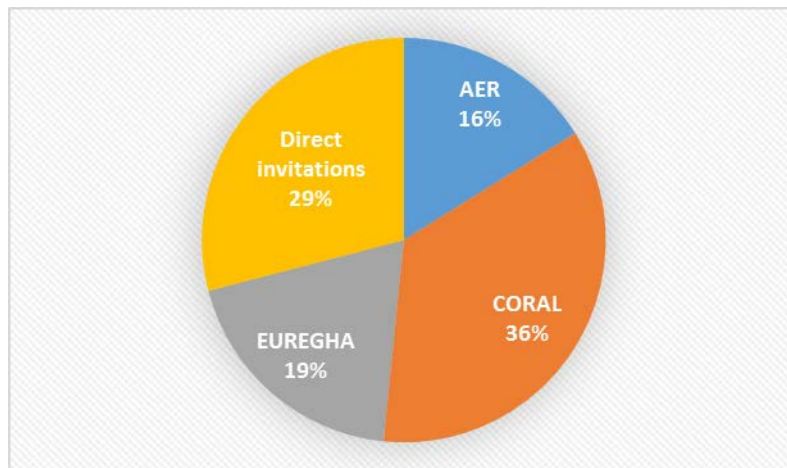
10 How were participants reached?



N=77

Besides, among the directly invited participants (not reached by general dissemination, social networks, ...), the majority was contacted through the regional network CORAL (36%) or directly invited by the contractors (29%); the remaining 35% was invited through the regional network Euregha (19%) and AER (16%), as shown in Figure 11.

11 Participating regions per dissemination channel

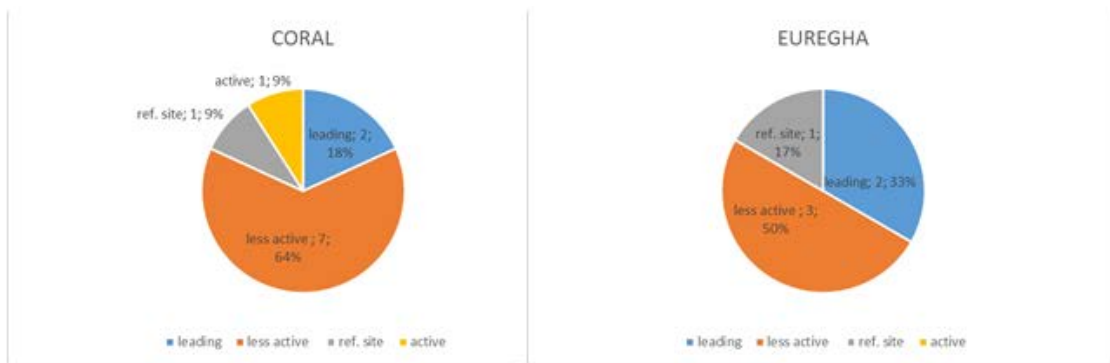


N=31

According to these data, the direct invitations among the networks members and through relevant contact showed a high impact capacity in involving regional authorities in dissemination.

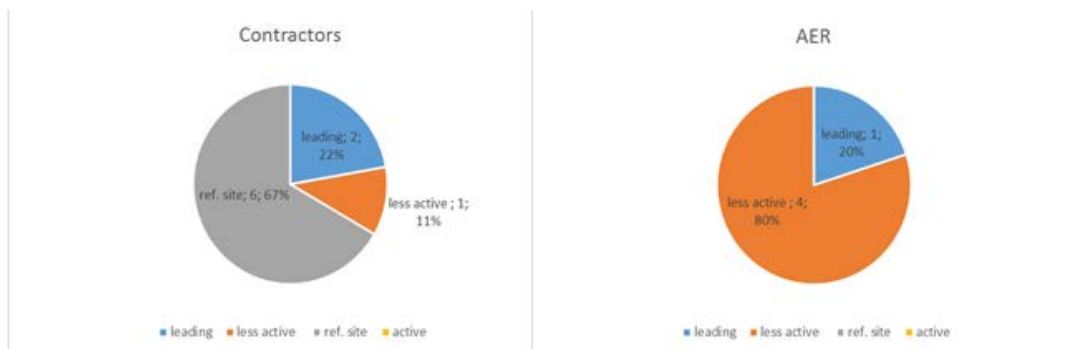
Furthermore, the regional networks CORAL - Community of Regions for Assisted Living and Euregha - European Regional and Local Health Authorities have relevant expertise in the field of health and AAL and have thus a high potential for attraction and involvement in AAL related events. In fact the regional networks involved different types of participants, covering all the targeted regions (leading, less active, EIP-AHA reference sites), as shown in Figure 12.

12 Participants invited by thematic regional networks



Also the contractors have relevant expertise in the field, showing a high capacity of attraction especially among the EIP AHA reference sites⁴, as shown in the Figure 13, while AER – the Assembly of European Regions, confirmed its capacity of dissemination among regions not active in the field (Figure 13).

13 Participants invited by contractors and AER



Dropout rate

Over the 202 invited regions, 68 registered to the events, 24 to the WS1, 25 to WS2 and 34 to WS3; the total impact rate of the initiative reached 41% of registered among all invited, showing a relevant interest among target entities. Over the registered regions, 31 regions finally attended (15% of all invited regions); besides, 9 regional entities attended the event without having registered.

Invited: 202 regions

Registered: 68 regions

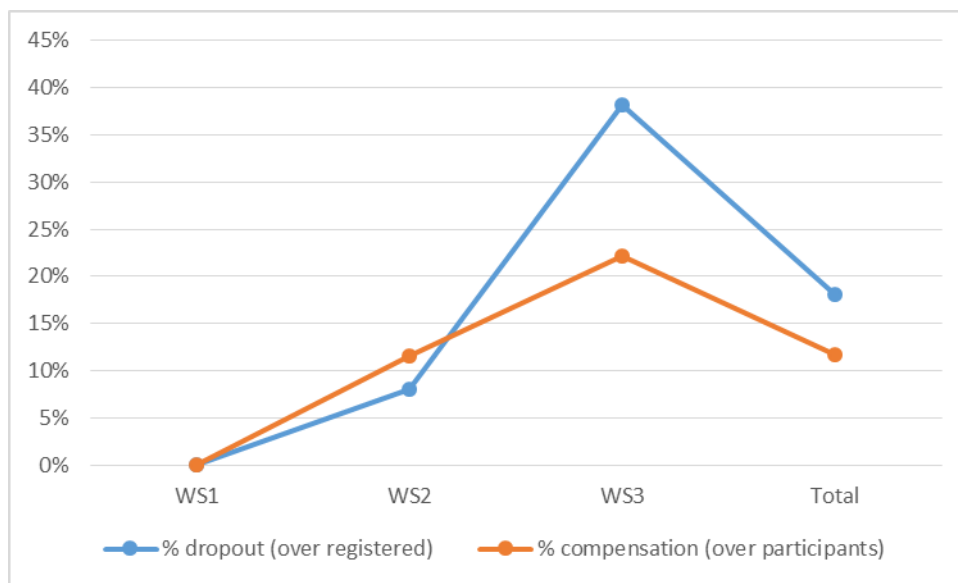
⁴ Polibienestar and K-veloce I+D+i participate actively in the Action Groups B3 and D4 of the EIP AHA.

Attended: 31 regions

Attended but not registered: 9 regions

As shown in Figure 14, the regions' response suffered a certain dropout rate, not attending the 18% of registered participants. This fact was finally compensated by participants who decided to attend without registering to the events WS2 and WS3. The event showing the max dropout rate was the WS3 (Brussels), not even balanced by not registered participant.

14 Dropout rate



The direct management of the logistics for the WS1 (Valencia venue) reduced the dropout rate to 0%. The Brussels venue showed the highest interest from regions in a first step, but the final number of participants was the same as the other WS. This interest was due to the privileged location, the synergy with existing events (EIP-AHA Partners' Conference), and the opportunity of several European regions to count on local offices on site. Nevertheless, these same factors made easier for regions to register in a first step and then not to attend. The Vienna venue might thus be considered as the less biased sample; its dropout rate was 8%, compensated in this case by the not registered participants.

Reasons for not participating

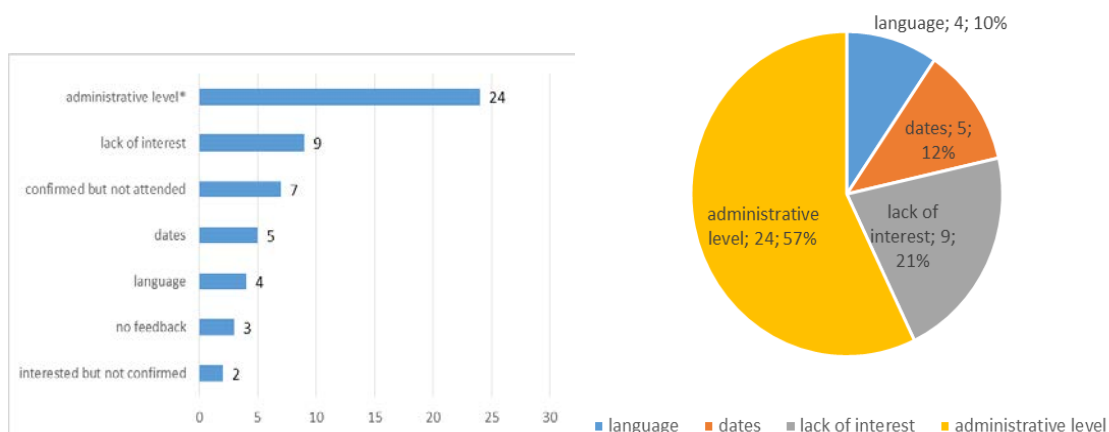
The monitoring of the direct invitations provided relevant information on the reasons why *not-attending* regions did not participate to the events.

The main barrier found was related to the administrative level reached by the invitations: several invited entities were not aware/not familiar with the themes object of the workshops, or they did not represent the competent

unit for those topics (44%). Other common reason expressed by the reached entities was the lack of interest towards the topic of the events (17%), although eventually the failure in reaching the proper key responsible for the WS topics might have influenced also the interest towards them. Other reasons mentioned were related to the entities' agenda (12%) and language barriers (10%).

The main barriers are shown in the following figure (Figure 15).

15 Main reasons for not participating



N=54

Efforts and barriers

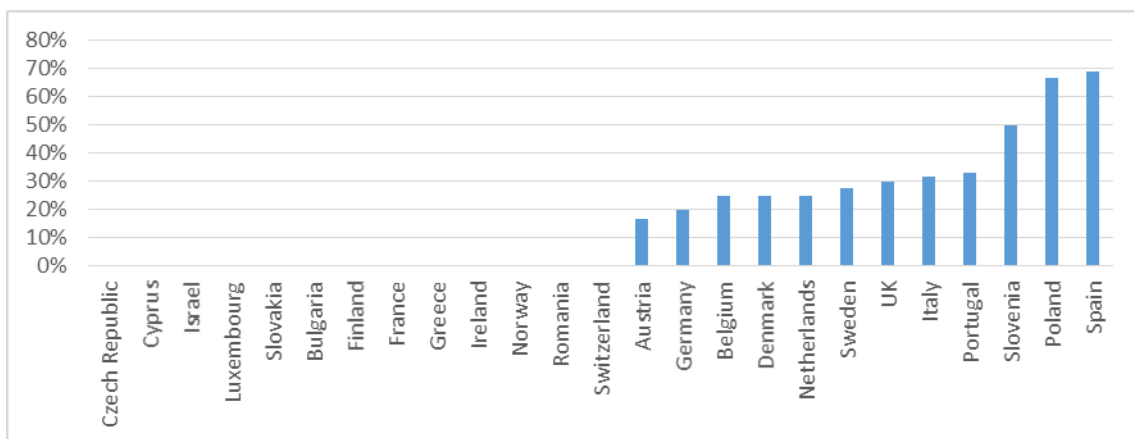
As mentioned within the WS Reports 1 to 3, the following outcomes were achieved. The goals expected according to the Action Aimed at Supporting Collaborations between the Ambient Assisted Living Joint Programme (AAL JP) and Local and Regional Authorities tender, were therefore only partially accomplished.

Content A (WS2 & WS3)	
Results	Accomplished
Each WS reunites at least 25 participants	Yes: WS2: 26 participants WS3: 27 participants
WS2-Vienna and WS3-Brussels cover at least 22 regions from AAL JP countries.	Yes: 35 regions covered
WS2-Vienna and WS3-Brussels cover at least 3 regions from not-AAL JP countries.	No: 2 not-AAL JP countries are covered

Content B (WS1 & WS2)	
Results	Accomplished
Each WS reunites at least 20 participants	Yes: WS1: 24 participants WS2: 26 participants
WS1-Valencia and WS2-Vienna cover at least 30 regions	Yes: 33 regions covered
WS1-Valencia and WS2-Vienna cover at least 15 countries	No: 10 countries covered
WS1-Valencia and WS2-Vienna include at least 7 less active regions	Yes: 8 less active regions included

According to the unachieved goals, the main difficulty experienced by the contractors is the **coverage of the targeted countries**. In fact, the action reached a relevant number of different regions, even higher than expected, but could not cover the expected number of countries. Despite the relevant efforts in terms of invited regions, some countries did not participate at all in this action (see Figure 16). As said, the contractors put considerable efforts in covering these countries, identifying and directly inviting regions from all the AAL JP Partner States and the EU Member States not currently part of the AAL JP; the direct invitations were made by e-mail during one month before the event and to maximise the extent the first invitation by e-mail was sent at week-1, the second at week-2 and the third was made by phone at week-3.

16 Attended over invited (%)



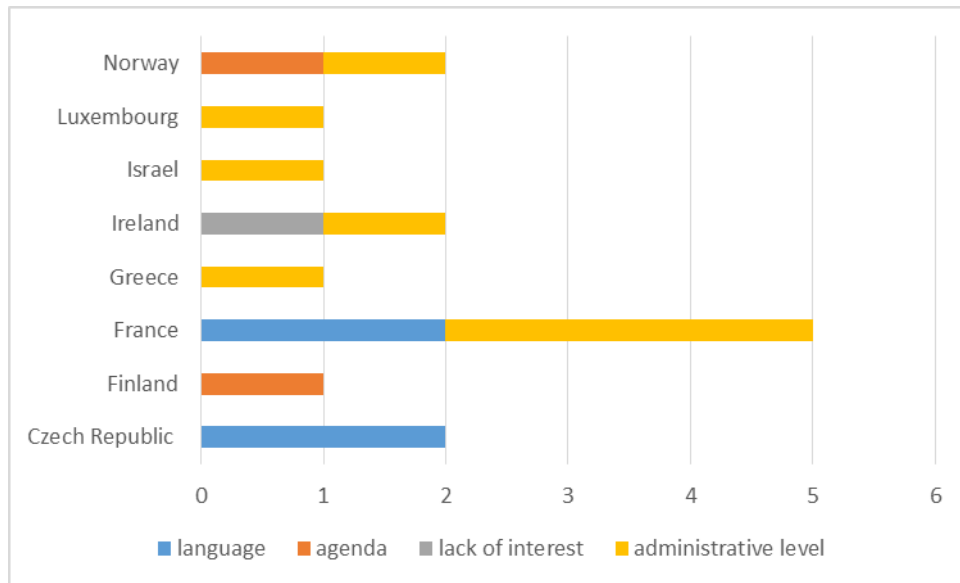
N=202

Based on the monitoring process of direct invitations, the following elements arose as reasons for not participating from the countries which were not covered by this action: 8 invited entities were not aware/not familiar with the themes object of the workshops, or they did not represent the competent unit for those topics, while 4 regions identified the language

barrier as the main reason, 2 an overlapping in their agenda, and only 1 expressed lack of interest (Figure 17).

17 Reasons for not participating - unmet countries

(not incl. Bulgaria, Cyprus, Romania, Slovakia, Switzerland, not directly managed)

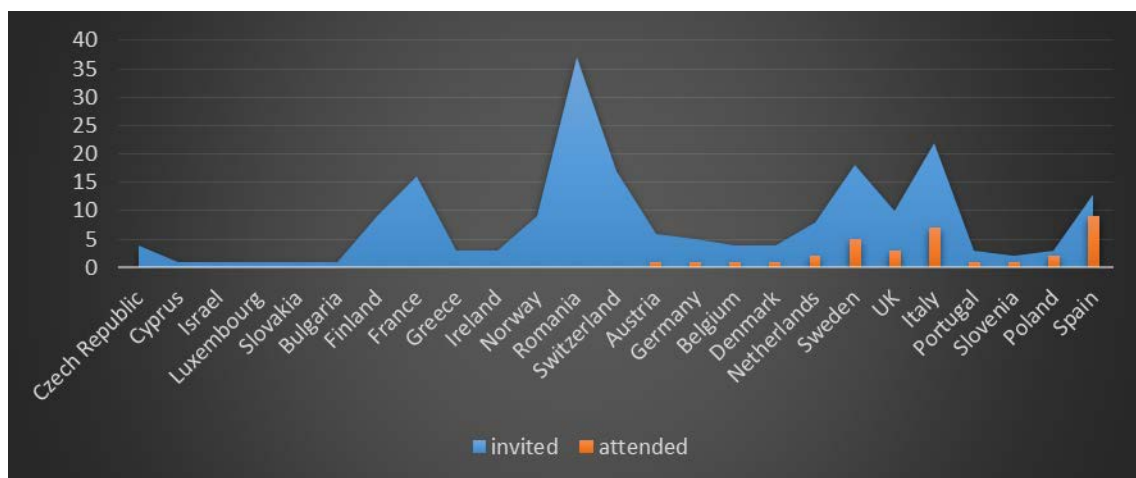


N=15

Similarly to the general trend (see Figure 15), also for the unmet countries the administrative level seems to be the main reason for not participating, followed by the language barrier.

Besides, the following figure offers a graphical representation of the impact of invitations over the efforts (Figure 18).

18 Impact over efforts



N=202

Comparing the efforts put in the dissemination of the events (in terms of number of regions invited) to the final participation of the targeted countries, the following countries showed the **lowest rate of response to the action compared to the efforts** and this shall be taken into account for future actions:

- Finland
- France
- Norway
- Romania
- Switzerland

Based on the monitoring process of direct invitations of the listed countries, the following elements arose as reasons for not participating – similarly to the general trend:

- The contacted entity is not aware / not familiar / not ref. person for the proposed themes: the competent administrative unit was not reached (4 regions, 3 from France, 1 from **Norway**)
- The contacted entity is not English speaking (2 regions from **France**)
- The events do not fit with the entity's agenda (2 regions, 1 from **Finland**, 1 from **Norway**)

It is not clear whether the impact is maximized when the dissemination efforts are widespread within a specific country or not: countries reached by several invitations such as Romania or Switzerland showed a similar response compared to countries with few invitations. Further elements might have influenced the impact of the dissemination efforts and these shall be considered (i. e. low interest in European issues in the case of not EU Member States and/or recently joining, cultural barriers and the mentioned administrative level or language barriers).

Conclusions

- (1) Direct invitations showed the highest impact rate compared to invitations managed through general dissemination.
- (2) To reach the relevant administrative level seems to be thus a key issue for a wider impact of this action; vice versa not reaching the correct administrative level might void even relevant efforts in dissemination.
- (3) The dissemination efforts demonstrated a higher impact when realized by entities active in the fields of the events.
- (4) The language barrier is a relevant barrier preventing regional and local authorities from participating in this kind of actions.
- (5) Generally speaking, a dropout rate of +/- 10% shall be taken into account when managing workshops for regional and local authorities.
- (6) The overlapping of other events within the invited entities' agenda constituted a barrier preventing regions from participating to the events. On the contrary the synergy with relevant events such as the EIP-AHA Partners' Conference in Brussels (25 of November) boosted the regions' participation. Moreover, invitations to local authorities shall be made 2-3 months prior to the event.

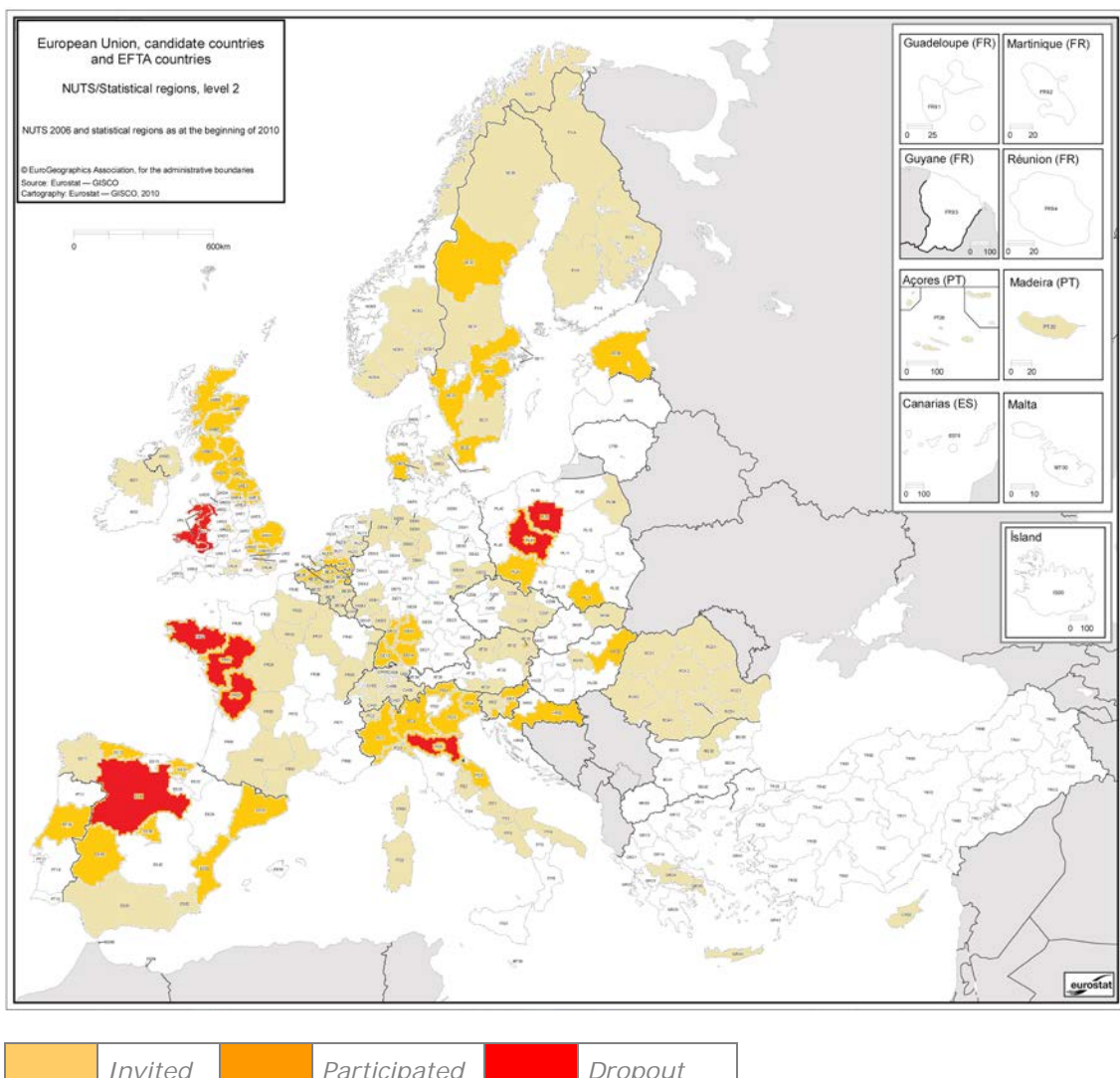
2.2 Participants' profile and needs

The *content A. Raising awareness workshops* hosted 53 participants from 35 regions and 15 countries, 2 of them currently not part of the AAL JP.

The *content B. Exchange of experiences workshops* hosted 50 participants from 33 regions and 10 countries, 1 of them currently not part of the AAL JP.

The participating regions are marked in the following figure (Figure 19), together with the invited regions that did not attend (*invited*) and the registered regions that did not show up (*dropout*).

19 Map of participant regions



Participants' profile

The following analysis on the participants' profiles was performed on the basis of the data collected through the registration questionnaire.

In particular, the questionnaire provided information on:

- The type of participants (regional/municipal authorities; R&D organizations; care providers; not-for-profit entities)
- Involvement in health and social care (whether the participating entities provide health and social care or not), services provided, main difficulties

Type of participants

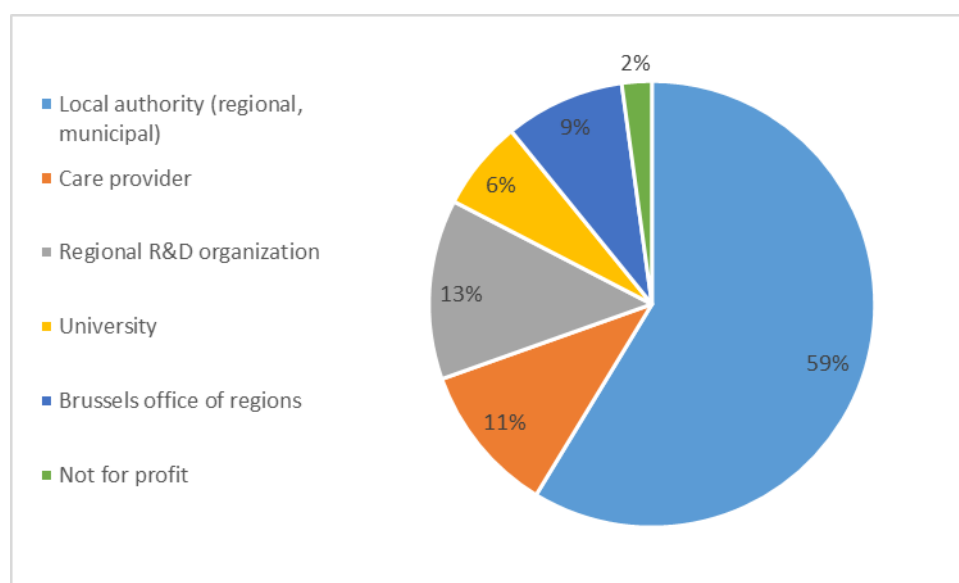
The participating entities were regional or municipal authorities, R&D entities (universities and EIP-AHA reference sites) and care providers, as shown in Figure 20.

Regional/municipal authorities - the majority of participants represented regional or municipal authorities (65% of participants). In a few cases the Brussels office of the region or the administrative unit dedicated to the European affairs joined the events on behalf of the thematic (health; social services) unit. Generally speaking they were not familiar with the action contents.

R&D entities - several R&D organizations participated, in particular regional organizations (FUNDECYT, FYCIT from Spain; Knowledge Center Social Europe from Belgium; Instituto Pedro Nuñez from Portugal; Arsenal Research Center for Health Innovation from Italy; the Netherlands centre for social development from Netherlands) and universities (departments of the University of Deusto from Spain). These entities were asked to participate by the local authorities on their behalf or they were invited as EIP-AHA reference sites. R&D organizations showed active interest in the field. Moreover, they can forward relevant issues related to the AAL JP topics within the regional territory, as a *multiplier*.

Care providers – providers of health and social care also participated to the events (regional and national bodies; EIP-AHA reference sites).

20 Type of participants



N=46

Involvement in health and social care

The analysis of the participating entities showed that the slight majority of them is involved in health and social care (67% vs. 33% not involved in health and social care over 42 participating entities).

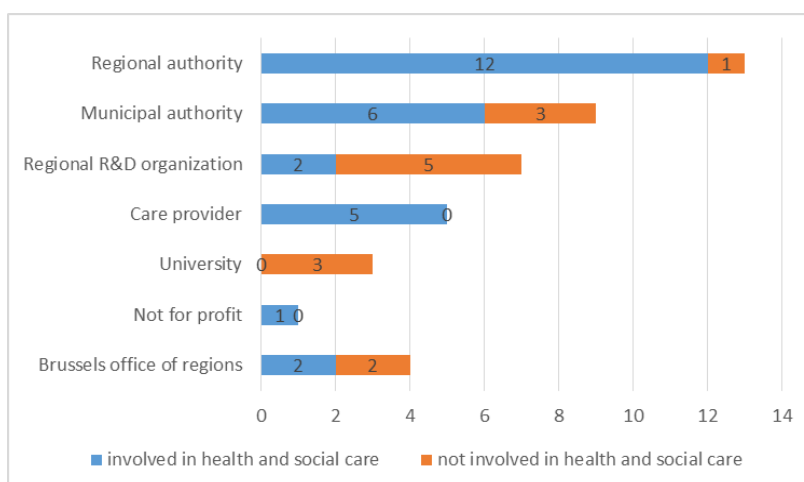
A part from the care providers, most of the local authorities are involved in health and social care. As expected, the universities are not involved in it, and just a few of the R&D entities do (see Figure 21).

Among the local authorities, most of the institutions not involved in health and social care (4 over 6) are administrative units dedicated to the international cooperation and participated to the events on behalf of the administrative unit assigned to health and social issues. This is the case of:

- ✓ South Denmark European Office
- ✓ Veneto Region Brussels Office
- ✓ Észak-Alföld Regional Development Agency
- ✓ Languedoc Roussillon Regional Office in Brussels

At this regards, several regional representatives informally commented that they would have rather preferred to send personnel from the health and social care units, but that the latter had not the expertise and capacity to tackle international cooperation issues due to language barriers or lack of experience in international networking.

21 Entities involved in health and social care

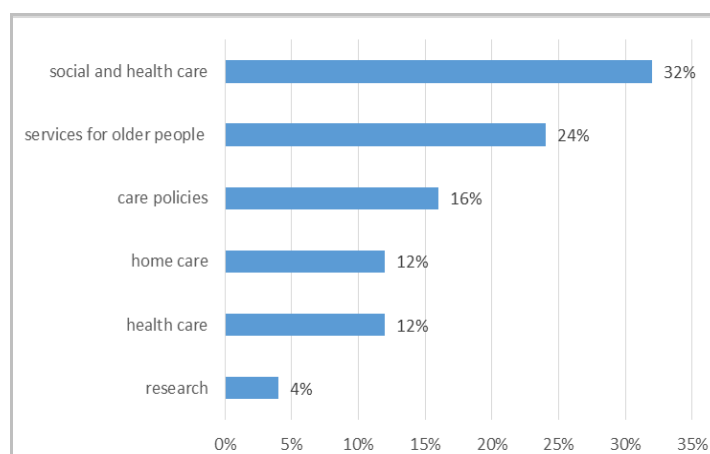


N=42

Services provided

Among the entities involved in health and social care, twenty-five entities provide health and social care, including services for older people and home care (80%), while a number of participants are policy makers at local and regional level in the field of health and social care (16%), having thus the action reached its main target (altogether 96% of participants). The remaining entities cooperate in the health and social care through research activities, as highlighted in the following figure (Figure 22).

22 Services provided

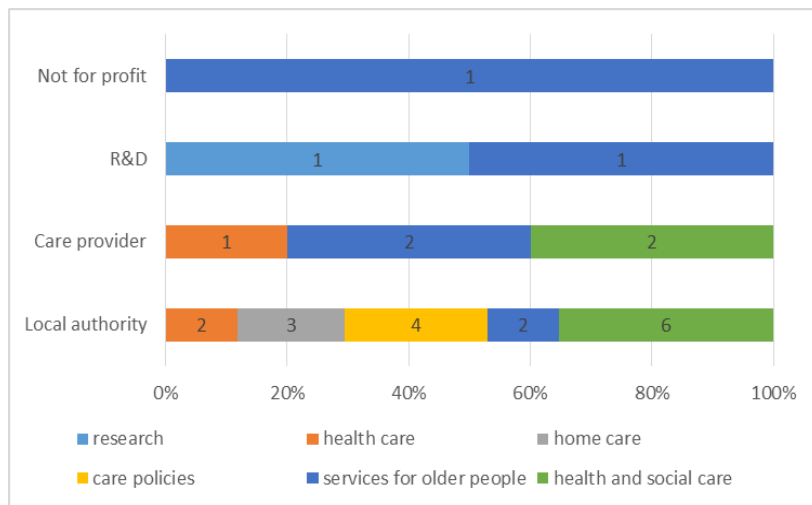


N=25 (excl. 'not specified' answers)

As shown in Figure 23, the local authorities and the care providers are involved in all types of health and social care, including services for older people, health care (only) and home care (only); among the local

authorities few entities are also involved in the design/implementation of care policies.

23 Services provided per type of participant



N=25 (excl. 'not specified' answers)

Participants' needs

As mentioned, the registration questionnaires provided useful data on participant entities' needs and interests. This kind of data might be used to evaluate, target and customize future actions towards the deployment of AAL solutions among regions. In particular useful information was provided referring to:

- Interest in AAL JP calls themes
- Target users and their needs
- Main difficulties
- Assistive technologies used
- Willingness to pay for assistive technologies

Interest in AAL JP themes

The participants were asked, as shown in Figure 24, to select their main field of interest within a single-choice list; the offered options were related to the AAL JP Calls from Call 1 to Call 6 in order to efficiently match the regions with the selected AAL JP projects.

24 Questionnaire - main field of interest

Please specify your main field of interest: *

- Prevention and management of chronic conditions of elderly people
- Social interaction of elderly people
- Older persons' independence and participation in the 'Self-serve society'
- Older persons' mobility
- Self management of daily life activities of older adults at home
- Supporting occupation in life of older adults
- Other:

A part from the listed items, the following ones arose among respondents:

- eHealth / telemedicine
- Eldery care
- International cooperation

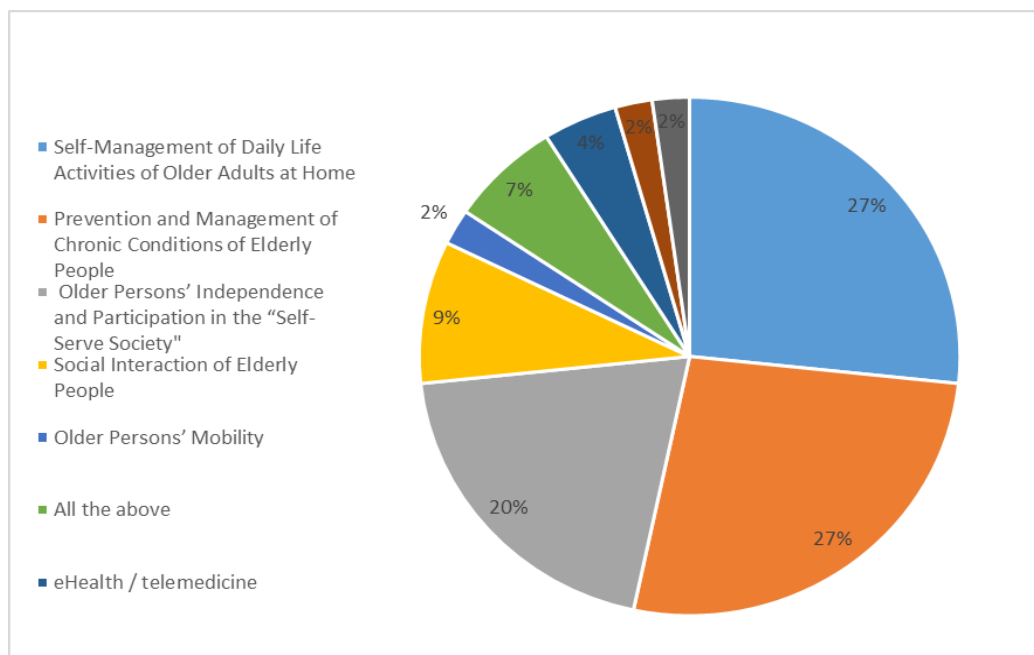
The following data were collected in terms of main fields of interest of the participants, ranked according to the % of respondents over total:

1. Prevention and Management of Chronic Conditions of Elderly People (Call 1): 27%
 2. Self-Management of Daily Life Activities of Older Adults at Home (Call 5): 27%
 3. Older Persons' Independence and Participation in the "Self-Serve Society" (Call 3): 20%
 4. Social Interaction of Elderly People (Call 2): 9%
 5. Older Persons' Mobility (Call 4): 2%
 6. All the above: 7%
7. eHealth / telemedicine: 4% (general, not a specific theme for AAL JP Calls)
 8. Eldery care: 2% (general, not a specific theme for AAL JP Calls)
 9. International cooperation: 2% (general, not AAL related issue)

The main interest of regions is towards the prevention and management of chronic conditions and the self-management of daily life activities of elderly, being more than the 50% of participants interested in these themes (see Figure 25).

Besides, a strong interest was shown towards independence and participation to the "self-serve society" and social interaction (altogether 29% of participants). Fair interest was shown in general to all the issues covered by the AAL JP calls (7% of participants).

25 Main fields of interest

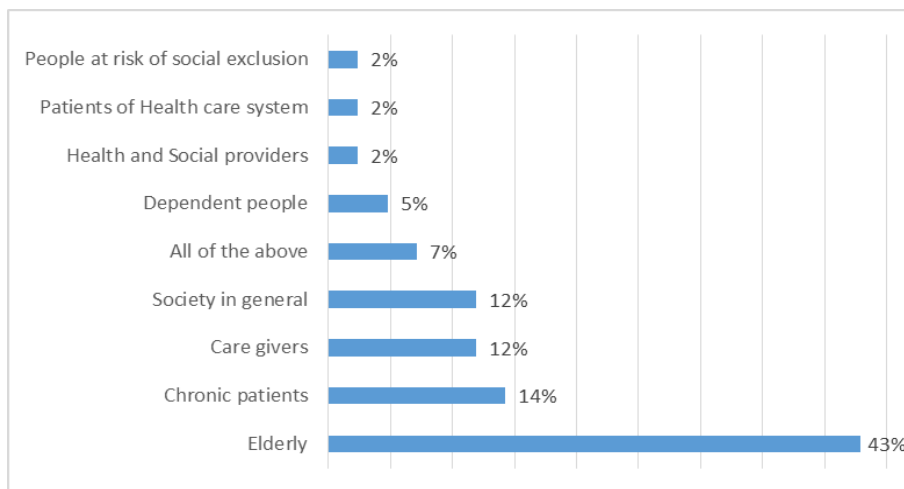


N=42

Target users and their needs

The wide majority (42%) of the participants address their activities to the elderly, in line with the invitations and events contents and the AAL JP scope. Similar rates of participants dedicate their efforts respectively to chronic patients (14%), care givers (12%) and the society in general (12%); patients of health care system and health and social providers are also target users indicated and they might be associated to chronic patients on one side and care givers on the other (Figure 26).

26 Target users

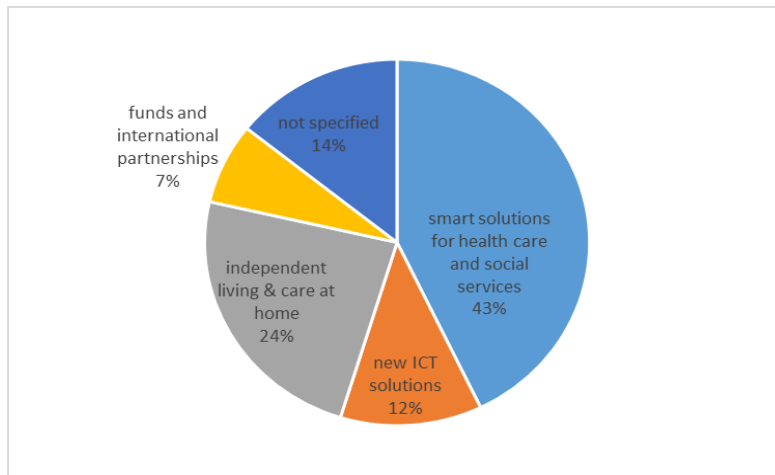


N=42

Entities generically dedicated to all the mentioned users or to dependent people cover roughly the 15% of participants.

The main needs of targeted users are related to the **innovation enhancement in the field**, since the wide majority of respondents respectively indicated the need of smart solutions for health care and social services (43%) and new ICT solutions (12%) as the main needs of their targeted users, as illustrated in Figure 27.

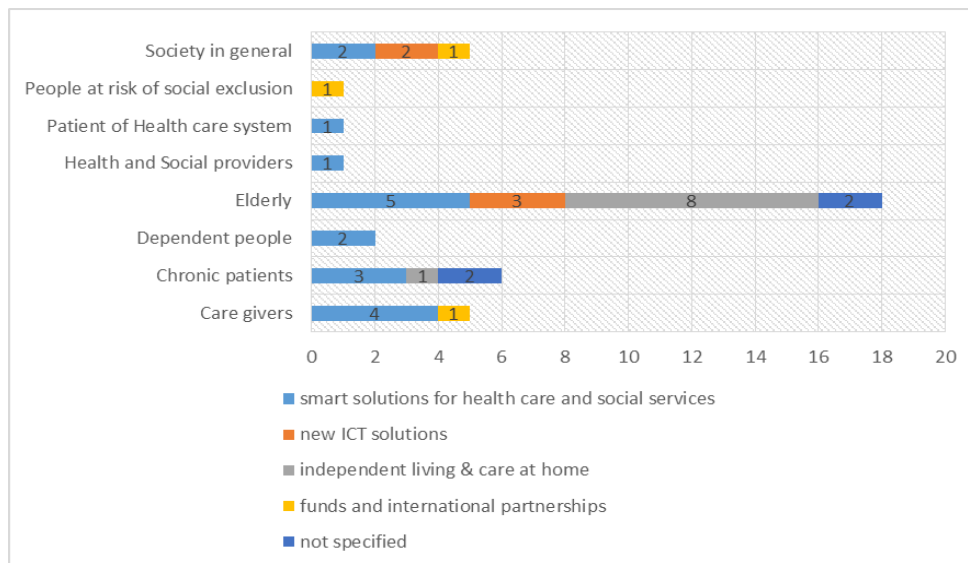
27 Users' needs



N=42

More in detail, innovative solutions and independent living are identified as the main needs of elderly to the same extent; care givers, dependent people and chronic patients on the contrary specifically would need smart solutions for health care and social services, as highlighted in Figure 28.

28 Users' need per type of user



N=39 (not incl. 'all of the above')

The participants' feedback highlights the interest at regional and local level in **innovative solutions** for tackling the elderly, dependent people, chronic patients, care givers needs.

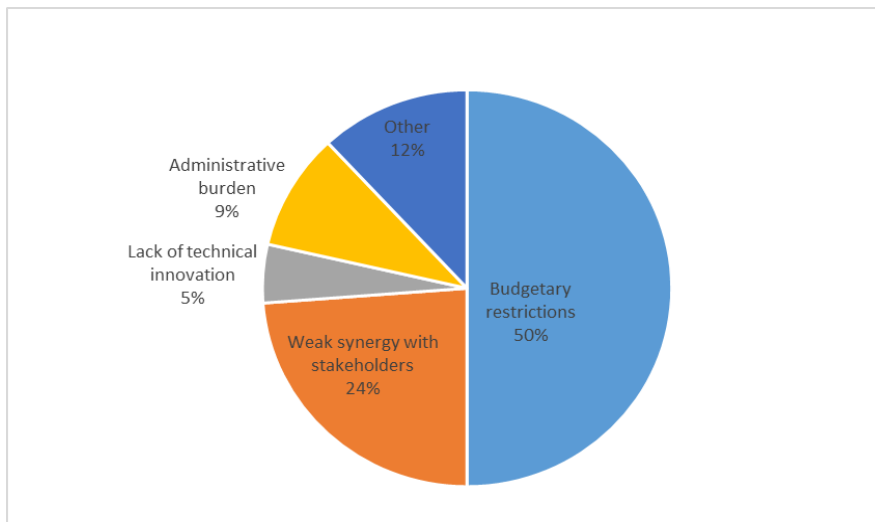
Main difficulties in providing health and social care

Respondents were asked to indicate the main difficulty experienced in providing health and social care; a single-choice list was provided, including:

- Budgetary restrictions
- Weak synergy with stakeholders
- Lack of technological innovation
- Administrative burden
- Other

As shown in Figure 29 the difficulty experienced by most of the participating entities in providing assistance services is related to budgetary restrictions (50%), followed by a weak synergy with stakeholders (24%), administrative burden (9%) and lack of technological innovation (5%).

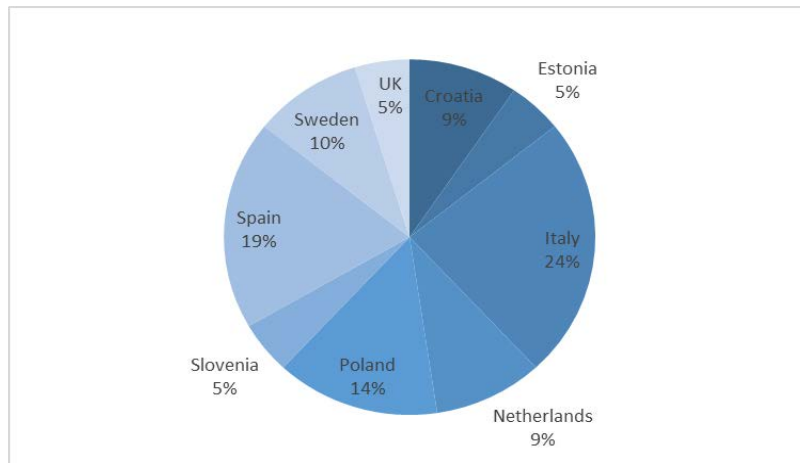
29 Main difficulties in providing health and social care



N=42

In particular, not surprisingly budgetary restrictions were highlighted by regions from countries dramatically affected by the crisis or in process of rethinking the welfare system, such as Italy and Spain (Figure 30).

30 Budgetary restrictions

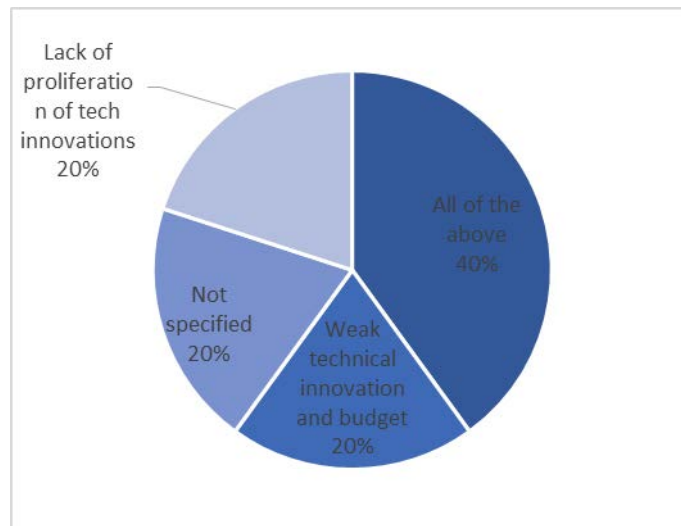


N=21

Spain again leads (30%) the regions indicating the poor cooperation among stakeholders as a relevant difficulty, while the remaining 60% is equally distributed between Denmark, Hungary, Italy, Netherlands, Portugal and UK.

Other difficulties (14%) were related to all the mentioned difficulties and to the lack of proliferation of technological innovations.

31 Main difficulties - Other



N=5

Besides, some respondents provided **further comments** on the faced difficulties, allowing a wider qualitative analysis.

In general, as illustrated in the following paragraphs, the regions seem aware of the health and social care needs and future perspectives, also in

terms of financial provisions. At this regards, they perceive the need of innovative solutions and new business models, including the enhancement of a public-private partnership, and are confident in a future European financial support. They do perceive the local financial framework as a major barrier to the delivery of the health and social services.

The main comments provided by participants with reference to the mentioned barriers are listed and described below.

(1) Budgetary restrictions

With an ageing demography, the regions share the need to support people to remain independent. The need for public elderly care is increasing rapidly and the tax based funding is limited, while the financial support is considered a key element for innovation pathways, technological development, new integrated approaches in health and social care, and the welfare in general (*all respondents*). The collaboration across care provider boundaries is also considered relevant and requires resources to be allocated (*local authority, Sweden*). On the contrary, the budgetary restrictions complicate the provision of the welfare services (*local authority, Spain*).

In Spain, the municipalities provide care services to older people but without the necessary funding from the State and Regional government: the spending cuts in assistance to seniors implemented by the State and Regional governments complicate the funding of the welfare services (*local authority, Spain*). Besides, it can be difficult to get a coordinated approach nationally where the elderly care is provided on a local municipal basis, like in UK; this complicates the delivery of services from nationally based care providers and hinders the synergy with stakeholders in other areas (*care provider, UK*). In Italy new financial provisions are being implemented in the health and social care, weakening the innovative initiatives and reducing the regional interventions to routine care. Services are overloaded due to limited human resources and cannot take appropriate care of innovation pathways (*local authorities, Italy*). In fact, budgetary cuts are perceived as a real threat, especially in a situation of spending review in the whole country. At this regards, initiatives like the AAL JP regional workshops are evaluated very positively *to encourage decision makers to invest the already limited budget* in the provision of these services (*EIP-AHA ref. site, Italy*). Moreover, for the regions located in rural areas, *the provision of services in sparsely populated areas means relevant efforts* and the budgetary restrictions might constitute a relevant barrier (*local authority, Spain*). Besides, some regions are characterized by sparsely populated areas inhabited mainly by older people, so that the social and health care in these areas is considered a strategic objective by the local authorities. In these regions, *the lack of money is perceived as a relevant problem because*

such people are mostly people without any pensions or other income (local authority, Croatia).

On the other side, the regions consider that new products, services and processes are crucial and necessary *to further develop the quality of care as well as saving money*. To this end ways and methods of working with private sector companies to be in the forefront of the technological development shall be found (*local authority, Sweden*).

Other local authorities do not have health and social care as a priority in their budget, but they consider that the new European financial period will be more supportive and might thus allow wider efforts to find better and more effective solutions and services in the field (*local authority, Estonia*).

(2) Weak synergy with stakeholders

Some regions consider a weak synergy with stakeholders as the main difficulty experienced in providing health and social care; in particular, care providers and EIP-AHA reference sites are the most concerned at this regards.

The EIP-AHA reference sites agree on the need of new services in the caregivers business (e.g. informal health monitoring, social support, etc.), that should be followed by new business models involving the local stakeholders, e.g. municipalities, regional health authorities and hospitals (*EIP-AHA ref. site, Portugal*) and in general by a more open model of provision, innovation and research (*EIP-AHA ref. site, Spain*). The care providers also highlight the importance of the involvement of the local stakeholders and in particular the relevance of the integration of hospitals and community services (*care provider, Italy*). Besides, in countries where the elderly care is provided on a local municipal basis, like UK, strong relations are developed with local health partners whilst synergy with stakeholders on other areas is weak; working across such a diverse area means it can be difficult to get a coordinated approach nationally (*care provider, UK*).

(3) Administrative burden

Administrative burden is perceived as caused by an extreme fragmentation of services among different organisations with different budgets and areas of responsibilities (*care provider, Sweden*) or by a traditional approach among staff in healthcare organizations, so that the implementation of new innovative solutions and new preventive services is often difficult and/or met with some scepticism (*local authority, Sweden*).

(4) Lack of technological innovation

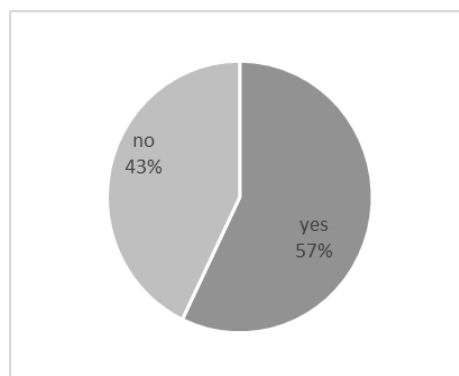
Some regions also note that their health care system needs an innovative approach: in the future it needs to be better interconnected, distributed in the region, and assistance at home/away from hospitals will be essential (*regional R&D organization, Italy*). The technological innovation shall be implemented not only in the area of the services delivery, but also among target users; in particular attention shall be dedicated also to technology training for the elderly, being the proliferation of successful technical innovation in the whole region a key issue (*local authority, Belgium*).

In conclusion, taken all this into consideration, the participants seemed very mature for the involvement in EU funded initiatives towards the development and deployment of innovative solutions in the field in close cooperation with stakeholders and companies.

Assistive technologies used

The majority of participants provide services that involve the use of assistive technologies and/or solutions (57%).

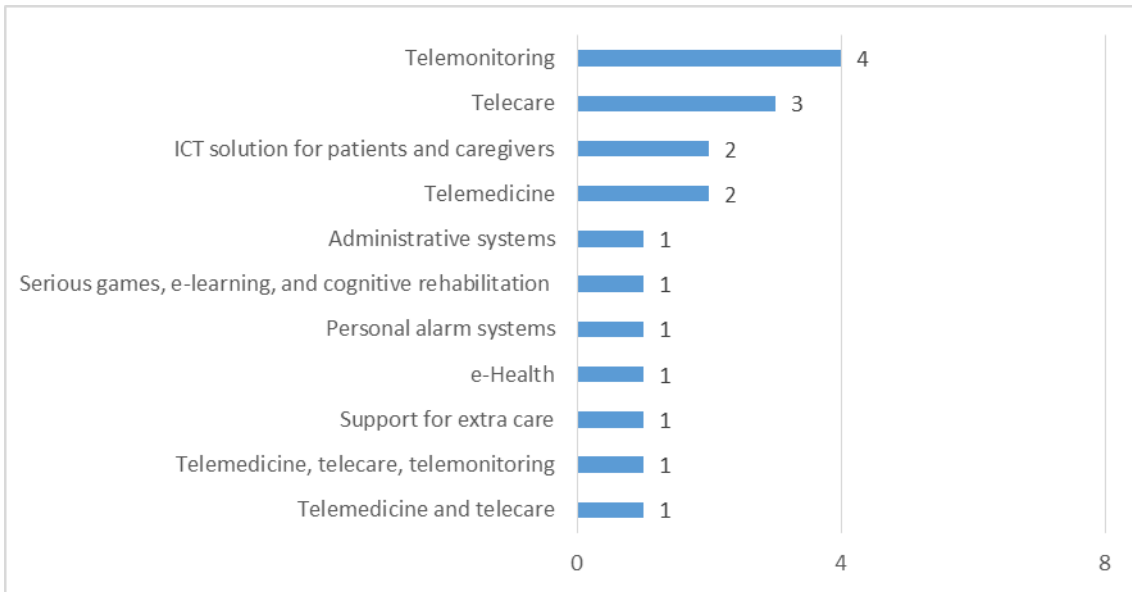
32 Assistive technologies (y/n)



N=42

Among them, six respondents (25%) stated that they use assistive technologies without specifying which type of technology. Among the remaining 75%, the most used technologies are *Telemonitoring* (22%) and *Telecare* (17%), as shown in Figure 33.

33 Assistive technologies used

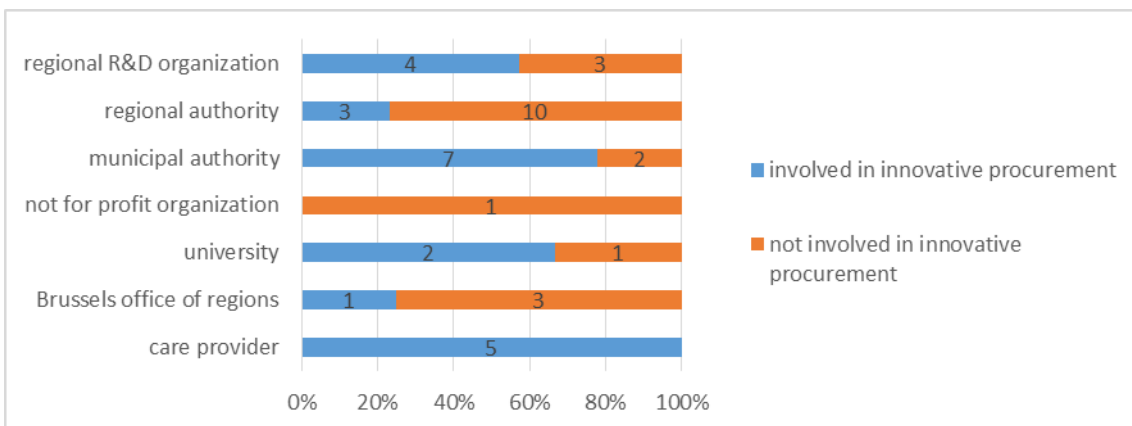


N=18

Willingness to pay for assistive technologies

The majority of participating entities declared willingness to pay for the inclusion of assistive technologies within their systems (64%) and a slight majority is actually involved in processes of innovative procurement in the field of health care, ICT, welfare, social services (52%), although, as shown in Figure 34, the regional authorities are the less involved in such processes (only 24% are involved in innovative procurement) whereas the municipal entities are more used to them, being involved in innovative procurement the 78%.

34 Entities involved in innovative procurement



N=42

The regional authorities seem thus quite mature towards the perspective of integrating innovative solutions within their systems/services; on the other side, they need to reinforce their actual involvement in processes of innovative procurement⁵.

⁵ This aspect is further described in section 1.4 Discussion groups on Innovative Procurement, pages 23-26.

Conclusions

- (1) In a few cases the local authorities delegated the administrative units dedicated to European and foreign affairs for participating to this action. Due to their wider expertise in international matters, international networking, and working in a foreign language these administrative units participated on behalf of the expert units for health and social care, who on the contrary often experience capacity and language barriers with regards to international initiatives. Nevertheless, the impact of this action is maximized when the referring departments for health and social care are involved.
- (2) The majority of local authorities involved in health and social care, home care, services for older people, care policies and research for health and social care expressed a main interest towards:
 - prevention and management of chronic conditions
 - the self-management of daily life activities of elderly
 - older persons' independence and participation in the self-serve society

The management of chronic conditions and the enhancement of independence in all fields are the main interest of local authorities and care providers at local level.

- (3) In the field, innovation is perceived as the main tool to cope with the challenges of the management of chronic conditions and the enhancement of an independent life. The regional authorities seem mature towards the perspective of integrating innovative solutions within their systems/services. On the other side the budgetary restrictions are seen as the main barrier while the local authorities' involvement in processes of innovative procurement is quite low.
- (4) The participants seem very mature for the involvement in EU funded initiatives in close cooperation with stakeholders and companies towards the development and deployment of innovative solutions in the field. At this regards, the participants perceive the synergy with stakeholders still weak.
- (5) The technology training for the elderly is also considered a key issue for the proliferation of successful technical innovation.
- (6) Local authorities consider that fragmentation of services or the lack of coordination in the local policies for health and social care might undermine the efficiency and effectiveness of the provided services.

3. Recommendations

3.1 Future support actions

Based on the analysis of this action, the following main recommendations shall be taken into account for future similar supporting actions.

(1) The dissemination activities in future international supporting actions addressed to regional or local authorities shall be made through direct and informal contacts and/or mediated by intermediary entities close to and known by the regions. Besides, relevant thematic networks shall be taken into account for further general dissemination. A list of potential intermediary entities and networks is annexed to this Report as [Annex I](#).

(2) The involvement of regions in similar actions shall be supported by the referring national contact points (AAL JP NCP) able to identify the relevant regional authority to target.

(3) The workshops addressed to regional and municipal authorities shall be preferably implemented on a regional or interregional basis according to common languages and administrative organization. A selection of relevant events addressed to local authorities and relevant stakeholders in the field of this action is recommended for future dissemination ([Annex II](#)).

(4) Future actions aimed at raising the awareness of the AAL JP and promoting the exchange of experiences among targeted entities shall include specific tools to collect information on the target groups profiles, interest and needs, like registration questionnaires or post-event surveys. To tackle these specific interests and needs might enhance the penetration capacity of AAL JP initiatives and/or the deployment of AAL solutions at regional level.

(5) The use of active and informal sessions such as (i) discussion groups and (ii) match-making activities are highly recommended for actions aimed at raising the awareness and promoting the exchange of experiences among targeted entities.

(6) Future AAL JP actions aimed at the innovation enhancement shall include:

- the development of new models to overcome the financial restrictions experienced by the local authorities and the lack of synergy with stakeholders;
- the technological training of the elderly;
- solutions to better coordinate the regional and municipal initiatives.

3.2 Deployment of AAL solutions in European regions

1. Implication of regions/public administrations

There are a wide number of tested AAL solutions in different European regions through pilots and projects; most of them are not linked with the regional strategies. In this sense, it is important to involve the regional public administrations in the deployment of AAL solutions at different levels; since the beginning when (e.g.) partners apply for an AAL project in order to create synergies between the funded projects and the regional strategies. Furthermore, the local authorities showed a high maturity towards the integration of innovative solutions within their systems and strategies, although they stressed the budget restrictions and a weak experience in innovative procurement processes as main barriers preventing from the innovation integration. At this regards, regions and municipalities consider their involvement in the AAL innovative solutions design from the beginning and the enhancement of innovative procurement deployment as key challenges. In conclusion, the local authorities consider as a smart and sustainable strategy their involvement in AAL solutions projects from the beginning (identification of needs) and along the whole projects lifecycle. Furthermore, involving municipalities can be a key element to link the projects with the real requirements at regional level. In order to facilitate the deployment of solutions into the regions it may be advisable to reduce the market-orientation of projects funded under different programmes.

2. Inequalities between regions

We can find regions at very different states in the innovative procurement process. So, a way to facilitate the introduction of the most unaware regions is through sharing information and guidelines, and encouraging the support between regions taking the most experienced ones as good practices. A recommendation for this joint support could be organizing workshops with representatives of 4 or 5 regions trying to see how others work sharing experiences and approaches, and, maybe as well trying to procure together. It is desirable that public authorities document and share among public procurement professionals and managers lessons learned along the procurement process. However, it is important also to respect other regions that may want to decide by themselves and do this kind of innovative processes in their own way.

3. Taking long sustainability of AAL solutions into consideration

Existing AAL solutions implemented in European regions with previously studied economic and clinical benefits for Governments (Italy in general, and Veneto Region in particular). The majority are pilots that disappear after the project funding because the business model was not well developed during the project. So, it is important to analyse the lifelong

implementation of AAL solutions tested in the pilots after the project life considering viability plans that guarantee their long sustainability.

4. Distribution of health competences

According to the action outcome, one of the problems in the deployment of AAL solutions is the organization of health and social care. It is a local competence; so regions do not provide these services and products. Consequently, better coordination between European, national, regional and local level is needed in order to bring the AAL solutions closer to citizens. Indeed, rural infrastructures have problems to provide these solutions and a better organisation would contribute to approach AAL solutions to rural areas.

At this regards, the European Commission as well recommends a closer co-ordination between all services and stakeholders in the field of AAL at a regional level to achieve more successful solutions in terms of reducing unnecessary hospitalizations, improving monitoring of care, etc. In this context, research efforts need to be better co-ordinated and best practices shared among regions (Comyn et al., 2006).

5. Harmonization of funding programmes

Several local authorities highlighted the existence of different and not coordinated funding sources as a main barrier for the deployment of AAL solutions at local level. To this end, the funding programmes in the field shall be harmonized.

3.3 Policy recommendations for decision-makers

Taking into consideration that innovative procurement is just emerging in most of European countries, there is general fear at national and regional level – especially in the most unaware areas – because, among other reasons, there is neither a clear legal definition nor a clear legal European framework.

Procurement rules are defined as difficult and perceived as an entry barrier for potential suppliers, so making easier and transparent the process can contribute to increase the professionals' interest in procurement. In this line, it would be useful to develop reports, guidelines, leaflets and even a glossary of terms including information related to 'innovative procurement', 'pre-commercial procurement', etc.; facilitating, thus, entities and administrations understand and get used to these new commercial and innovative processes. Some of the solutions proposed by regions to increase their knowledge are:

- ✓ to learn from other regions
- ✓ training sessions
- ✓ innovative workshops
- ✓ repositories of good practices

Following this line, SMEs see innovative procurement out of their possibilities and a waste of time in front of big companies. SMEs have an important role in the implementation of AAL solutions so bring the process closer to them and make them participants is a relevant issue to be considered. Thus, SMEs should be included in the process promoting that their innovative capacities can be applied in the process. In this sense, public authorities can engage major suppliers to explore ways of improving the visibility of subcontracting opportunities in the supply chain to open opportunities to SMEs (Wilkinson et al., 2005).

Also in this context, one of the problems detected is the new framework of funding among regions and AAL suppliers. In order to increase their knowledge in the new funding programmes, some of the following activities can be developed: training, infodays, workshops, etc. In these activities, consulting companies can be involved as key facilitators in all the process.

It is desirable that public authorities document and share among public procurement professionals and managers lessons learned along the procurement process. In this sense, public procurement for innovation should be carefully evaluated, considering the full range of costs and benefits, and the results of that evaluation feedback into improved approaches and shared among stakeholders (Pro Inno, 2007).

Integrating procurement in the policy strategy with precise rules

Innovative procurement should be considered into the regional policy strategies in order to make the most of this process. Public purchasers should plan what they will need to buy, and how to buy it (Pro Inno, 2007). For that, they should draft long-term plans about what they want adapted to the budget available.

In this process, in order to permit the award of the contract in accordance with the rules governing the procedures, it is essential to define clearly the objective of the innovative procurement, as well as the idea and goals to which the bid is aimed. Moreover, it may be relevant to propose the achievement of a global product adaptable, extrapolated and profitable by different regions, as if administrations design a product for a very specific aim it may be more difficult to sell it. Furthermore, trying to implement narrow approaches may generate risk and suspicion for the investment by industries or companies. This kind of solutions may have not return investment in long-term.

Finally, clear legal frameworks are needed and innovative procurement should motivate the innovation in AAL solutions. So, it is required an optimum balance between rules and innovation. Avoiding so structured rules and calls and including the participation of experts and end-users can increase the motivation for innovation among AAL suppliers.

3.4 Innovative Procurement

Recommendations

1. Transparency and quality of the delivery

One of the main concern on innovative procurement arisen in the Discussion Groups was related to the *transparency of the process*. In particular the local authorities perceive a lack of transparency on one side and on the other consider that political influence and the privilege to certain providers might affect the procurement process. Moreover, a major concern reported was related to the *quality of the delivery* and in particular to a) the quality of the outcome of services or products obtained through pre-commercial procurement; b) the over-emphasis on price as an award criterion and c) on reliability of providers. In general, the need of a highly defined assessment process and quality criteria to support pre-commercial procedures, together with the availability of information (marketplace; database) on providers were highlighted and shall be thus tackled.

In order to address these concerns, the following recommendations are provided.

1.1 Dissemination. In order to enhance the public undertake of innovative procurement for AAL solutions, information and training on transparency and quality assessment in public procurement shall be provided.

1.2 Dialogue. Dialogues are essential between actors as the transparency improves the understanding of what is happening at different levels implicated in the innovative procurement context: public administrations, companies, health sector, etc. Besides, pre-procurement dialogues are an important tool to develop quality criteria establishing some necessary standards on the technical side of the innovative procurement and on the definition of goals as well. For reasons of transparency and competition, any information given to stakeholders would have to be made equally available to all interested parties, also during the technical dialogue.

1.3 Internet technology connectivity. When used for public procurement, information technology can be utilized as a mean to achieve the main principles of perfect competition, namely, access to information, no barriers to entry (transparency), and a large number of participants in market exchange (Carayannis et al., 2005).

1.4 Assessment criteria. Criteria for the offers assessment should be studied and justified. Normally, the best price is the decision criteria instead of other criteria of sustainability. Decision makers should consider the long term cost of the best prices. Public authorities should find the balance between cost and quality because innovation normally leads to lower cost

and better quality. So, they should take into account the optimal combination of whole-life costs and quality considerations considering the service or product objective of the procurement (Pro Inno, 2007).

2. Innovation & training

According to the discussion groups' outcome, the public sector is conservative and not used to implement innovative procurement procedures and to work in a framework in which benefits are shared. Moreover, the legal framework is perceived by local authorities as unclear.

For this reason in general all participants highlighted the interest and the need of **training tools** in the procurement process in order to spread the knowledge among public procurers and the bidders about identification of needs and procedures. It is necessary that public parties and administrations are trained in these innovative processes to transgress their strategies and models of proceeding. This learning process might start with the participation in small projects to, thus, learn the process and try to create trust and confidence in the internal and external contexts; national and/or European contact points might support the next steps. Moreover, it is important taking into consideration that usually politicians are comfortable with the "traditional" way to make things. Likewise, professionals show a resistance to use new technologies because the self-perceived complexity and the fear to work in a different way; and there is a lack of technical skills related to new technologies. Awareness sessions that increase the interest of politicians and professionals and open their mind to other solutions or proceedings could be useful.

3. Intellectual property

There is a dilemma based on sharing or not the IP or knowledge with specific suppliers. In the AAL projects this is still a learning process, especially in the consortium agreements as it is a complicated process with the implication of different kinds of entities from different countries with different legal frameworks.

So, it is important to define somehow the properties rights and also royalties and, of course, to consult to IPR help-desk of the European Commission for **legal and administrative advice**. Moreover, it is very important to explicitly define the expertise each party is going to bring into the product development or deployment; as well as to define the terms and conditions/regulations (for free, cost-basis, fees, etc.) to put this expertise into the consortium or agreement.

4. Innovation ecosystem

All the different actors in the field shall be involved, from technical departments to politicians, from the public sector to the private, SMEs and

the industry, from R&D departments to academia, generating a mixed ecosystem where the information about innovation can flow. Besides, customers shall be brought into the equation in order to understand customers' needs, integrate expertise into health and clinical level. New companies shall play the role of integrators of new business models and strategies. Furthermore, the context and ecosystem shall be deeply analysed before the deployment of an AAL solution or initiative in an innovative procurement process: the quality of suppliers, quality standards, cost-benefit expectations, etc. An in-depth market study should thus also be included in the process. To this end, a **repository** with standardized business models in the field of innovative technologies for the ambient assisted living shall be created, including existing technologies, portfolio, guidelines, benefits for the public authorities and exploitation models. The creation and monitoring of this tool might be tendered or included in future AAL JP Calls.

Best practices

1. Catalonia, Spain

Health Ecosystem of Catalonia. It brings together universities that produce some basic research on innovation, health and social providers and agencies for quality and evaluation. It is a mixed ecosystem where information about innovation flows from and to different professionals and stakeholders. Moreover, at the same time there are links with other similar clusters from different countries in the world. Right now they have connections with Boston, Massachusetts, New York and other groups from Europe. Through these ecosystems and networks it may be facilitated the opportunities of testing or retesting products or services. The Catalan Agency for quality, innovation and evaluation from the Catalan Ministry of Health is dedicated to develop pre-commercial and innovative procurement.

DECIPHER. An example of Pre-Commercial Procurement (FPT- ICT-2011.5.3 funded project ref. n. 288028) – the DECIPHER (Distributed European Community Individual Healthcare Electronic Record) project deploys the state-of-the-art of Pre-commercial Procurement practices to create step-change innovations in the area of mobile patient ICTs. Using electronic patient data records as the key enabling technology, the joint PCP mechanism brings about new capabilities and services in cross-border mobile healthcare. The three procuring authorities are ESTAV Centro (Italy/Tuscany), TicSalut (Spain/Catalonia) and Central Manchester University Hospitals NHS Foundation Trust (UK/Manchester). AIAQS (Agency for Health Information, Assessment and Quality, Catalonia) (Spain/Catalonia) act as single procuring authority launching the PCP tender process on behalf of the three aforementioned public bodies.

The Decipher PCP process includes:

Phase 0. Exploratory research

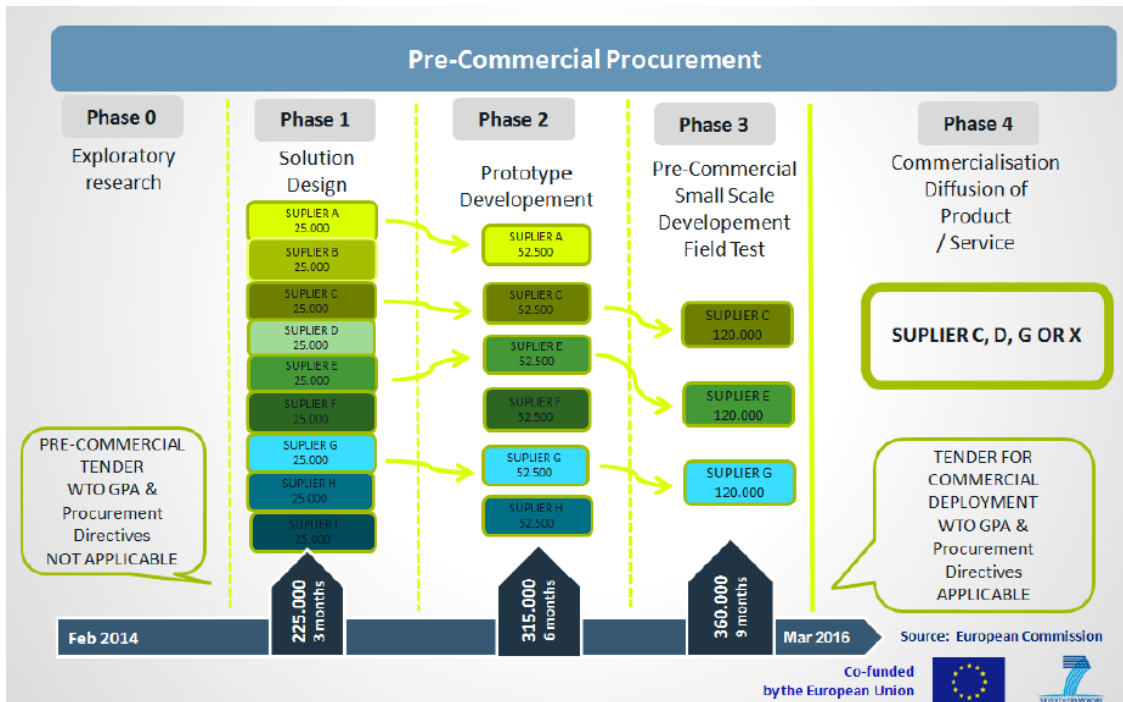
Phase 1. Solution Design

Phase 2. Prototype Development

Phase 3. Pre-Commercial Small Scale Development Field Test

Phase 4. Commercialisation and Diffusion of Product / Service

35 Decipher PCP Process



The Decipher PCP Process provides incentives:

To all: co-creating through a staged competitive process, allowing an improved quality and adaptability of the new services through increased dialogue between procurers, suppliers and end users (patients and clinicians; sharing the risks and the benefits of designing, prototyping and testing new products and services with the suppliers.

To industry: access to public sector needs and real life testing environments; venture capital interest providing late-stage financing; opportunities to SME to offer their R&D to public procurers; IPR is not left 100% to procurers; vendor lock avoid (also incentive for procurers); business driven innovation challenge; foster and accelerate access to market since PCP is aiming also at deployment and wider commercialization.

2. City of Rotterdam, Netherlands

Elderly in the city of Rotterdam. Netherlands has 17.000.000 inhabitants, while Rotterdam a total population of 600.000 (including region 1.200.000); the elderly represent the 14% of them, a low proportion compared to rural areas and suburbs, relatively high compared to other big cities. There are 3 Segments in the health and social care system: (1) Primary health care (GP's) & cure (hospitals) are a regulated market based on insurance system; (2) Long term care (home care, institutions for the elderly) is financed by national government and taxes; (3) Welfare, participation, wellbeing of the elderly (and housekeeping support) are local government policies, aimed to maintain self-management for as long as possible (housing, health care, personal care). In particular the following services are provided: Support for volunteers e.g. insurance; Housekeeping support; Personal care; Self-maintenance support; Tailormade transportation; Accessibility of public transport; Housing modifications; Housing (and area) planning such as suitable homes for the elderly. Figures to provide these services are shown in Table 2.

2 Local government budget for care & support

Care & support: Rotterdam figures		Cost
1. Care insurance Act (Zvw)	45 %	€ 875 million
2. Special care expenses Act (Awbz)	40 %	€ 825 million
3. Social support Act (Wmo)	15 %	€ 300 million
Totaal expenses		€ 2 billion

In the field, the innovative procurement is implemented for boosting innovation and efficiency within the system. In particular the local government reserves 5% of contracts (€ 300 million) for *Social Return* and coaching towards self-sustainability and reinforcement of social network shall be included. Besides, the city has a special fund for innovative solutions.

Moreover, the local government is now working towards 2015 focusing mainly on the use of the knowledge of available partners (no big market shift) and include innovation as of the contracts and not object of special arrangements. Also, the city is defining innovative criteria for the upcoming shrink of the market (cost cut of 25%), based on:

- ✓ Higher thresholds for professional elderly care: define self-sustainability for elderly in a reliable way, with methods and instruments that can be used by gate-keeping professionals.
- ✓ Bringing support to volunteers and family in their sustaining roles: places to meet, skills, small rewards, integrate with professional solutions.

- ✓ Bringing social answers for social problems of the elderly (debts, social isolation, and domestic violence), medical treatment doesn't take them away.
- ✓ Added value: the individual must be able to experience a real value in using the innovation.
- ✓ Freedom of choice: the individual has to make his / her own choice in applying this solution, no mass products.
- ✓ Low threshold for market entrance: no big investments are necessary to build a success.
- ✓ Friendliness of use: useable by the elderly after maximum 1 hour of instruction.
- ✓ Costs and benefits in the care process: the effect on the costing price of a working hour of providing care has to be made visible.

3. Scotland, UK

Living It Up – Case Study, Scotland. The Living It Up is a new service being developed amongst several partners including private industry, academia and public sector. Living it Up is the Scottish element of the UK-wide dallas (Delivering Assisted Living Lifestyles at Scale) programme and is funded by a consortium led by the Scottish Government, Technology Strategy Board, Highlands and Islands Enterprise and Scottish Enterprise in partnership with other key stakeholders.

Living It Up (LIU) aims to co-design sustainable and innovative improvements and choices in health, care and wellbeing for 55,000 users by 2015, using familiar technology. The project's starting premise has been that effective services must be designed with and for people and communities. The LIU approach is illustrated in the following figure (Figure 36).

36 Living It Up approach



The project team collected community ideas, and talked to self-help groups in order to learn how best to empower the individuals and communities. The community engagement was created through co-design workshops and engagement events in a variety of locations such as community centres and shopping centres. The aim was to determine what services and tools would be useful to build up the project. This engagement includes workshops, testing out concepts and prototypes before scaling up development. The five partnership areas are - the Western Isles, Forth Valley, Lothian, Moray and Highland/Argyll & Bute.

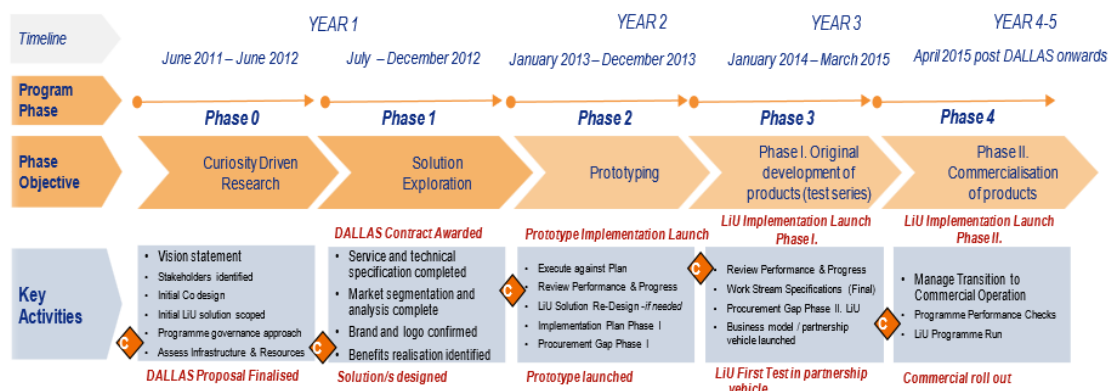
During 2012 to 2013 a number of community engagement events involving approximately 1,700 potential users, carers and health and care staff members were led by the Community Engagement Team. The initial community engagement events, 'Hidden Talents', took place in Spring 2012 and reached approximately 250 people. At these 'pop up' events, in diverse locations such as shopping centres and hospital foyers, the community engagement team asked participants to reveal their 'hidden talents' and

how they could share their skills with others. Finally participants were asked: "What, if anything, would make life better for them?" The second wave of community engagement pop-up events, 'A little birdie told us', took place Summer/Autumn 2012 and asked around 500 participants to reveal the 'assets' in their communities and identified the services, support and people valued most locally. In addition 50 in depth interviews and focus groups with NHS staff and unpaid carers were conducted.

The key themes were then developed into service ideas through co-design workshops attended by members of the community, service providers, technology experts and innovators. This process resulted in a set of service principles to guide LiU; brand and identity guidelines; and informed development of the key LiU services - Hidden Talents, Market Place, My Care and Keeping Connected through video conference.

As shown in Figure 37, LiU has now entered phase 2, which is focussed on developing working LiU service prototypes in partnership with the local communities. Community engagement work has been further refined to take into consideration the aims of this phase, and is developing new tools to assist in co-design, co-production and recruitment. This has informed the prototype development phase from January 2013 onwards. This initial phase will develop working prototypes and digital services which people can test and give feedback in a co-design and co-production manner. The project will therefore be subject to constant scrutiny and feedback from users, potential users and interested parties. This is being achieved through focus groups, workshops and on-line surveys.

37 Living It Up lifecycle



As shown, the industry is engaged in the definition of the problem, the co-operative innovation development, pre-procurement processes, multi-sector consortia and collaboration, in a win-win approach increasing the economic capacity and capability, encouraging the culture and the environment for innovation and delivering service improvement together with an approach to commercial exploitation and economic wealth creation.

4. Marche Region, Italy

Gouvernement Program for the period 2010-2015. Marche Region *Gouvernement Program for the period 2010-2015* considers active ageing as an opportunity for a smart sustainable and inclusive development in order to face the challenge of a growing demand of care from an aging society and give the elderly an active role in our society. The regional programme will put into place supporting actions for industry - especially for start-ups through innovative investments for the development and application of new technologies in the domotic field. Main actors of this process will be enterprises universities and research centers that will form a technological partnership of regional excellence.

Moreover, the strategy of the region for innovation is based on:

National Clusters, providing more visibility and opportunities for local excellences, such as the **AAL national cluster** aimed to create a stable connection between research, industry finance and regional governments in order to promote innovation as a common approach in industrial processes and social behaviour; support the participation of national and regional research and innovation actors to European and international projects; foster cooperation between enterprises in order to create larger partnership and promote internationalization. The main activities within the cluster are the development of innovative products and services to face today market demand and explore future needs; the development of technologies and their integration into new products and services; the promotion of the technological transfer by strengthening the relation between industry and research in order to have an impact at cluster territorial level on employment.

Region Plan for Research Innovation and Smart Specialization (2014-2020), defining AAL as one of the Marche Region Smart Specialization. To this end the regional government will allocate ERDF funds for co-financing SMEs Projects on research innovation and technology transfer on AAL; SMEs projects were funded within the 2007 – 2013 funding period such as:

- Study and development of an innovative platform hood flexible, customizable, low environmental impact
- Real time information platform for home automation systems
- Micro wind turbines with high efficiency and architectural value
- Implementation of a prototype of a bio-eco-sustainable energy civil building

- Home automation system for the protection of vulnerable users: the virtual presence and home security
- Home automation system for easy management of kitchen cabinets
- Home automation cabinet with pull-out kitchen
- Home automation solutions for the protection of vulnerable users
- Security monitoring of the elderly at home and in the elevator
- Home automation system video door phones with intelligent video analysis
- Innovative home automation system for analysis of physical behavior and decay of the mental capacities of vulnerable users
- Interoperable open platform software and services for the elderly
- Machines for physical activity performed under continuous medical monitoring

Innovative and pre-commercial procurement (Innovage pilot action), aimed at involving into first pilot actions for testing innovative and pre-commercial procurement initiatives. The action, funded by the Interreg IV C programme, allows a better understanding of end-users needs in order to create new/better products or services, the identification of the technologies needed to face the innovation demand and the identification of what the market is likely to pursue and what should be stimulated through the innovation voucher. The innovation is launched through a dedicated call including the list of technologies /services end users and market oriented and with a € 50.000,00 budget. The local SMEs submit projects for the development of the listed technologies/services and if awarded they will be provided with funding in order to start up a collaboration with external experts. The external expertise will help SMEs develop ideas, improve performance and set-up a financial framework for the start-up of the new innovative businesses.

Within the project a catalogue of good practices has been produced through collection of successful experience of innovation driven cluster, and planning policies in local strategic partnership coordination and cluster development. You can find it on the next link: http://issuu.com/innovage/docs/130416good_practices_catalogue

Foster the creation of open communities (i.e. iktimed communities) and innovation platform (marcheinnovazione, NEXT, rubrik). The IKTIMED project promotes an innovative integrated approach for the MED area aimed at improving the openness of the Mediterranean territories innovation systems, through the setting-up of new modalities of cooperation among

research centres, the public sector and enterprises. The approach is to foster a new way to sustain innovation, through an open, more dynamic MED model of innovation, in which companies can see both “inside-out” and “outside in”, considering that innovation is ever more based on knowledge of external assets. Co-operation is a way to generate new ideas and bring them quickly to market. Iktimed improves public regional policies for supporting the SME’s innovation in the MED area; the setting-up of a trans-national system of innovation supply with a project partnership composed of relevant project stakeholders with the aim of maximising the concrete impact of project activities: regional and local authorities, such as political and funding bodies; chambers of commerce, such as TT facilitators and research centres as innovation providers. The main activities of the project are:

- ✓ innovation providers' quality accreditation system;
- ✓ analysis of existent public-private mechanisms of cooperation to fund innovation as pre-commercial procurement of R&D services in which companies develop new solutions for public sector needs, due to the current lack of a commercially stable solution.

4. REFERENCES

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Annex I. Potential intermediary entities and networks

Entity name: Polibienestar Research Institute

Description: Polibienestar has implemented this Support Action. The entity is involved in a large network of European contacts, due to its large experience and active role in European research and policy design. Furthermore, the entity actively participates in the D4 and B3 EIP AHA Action Groups and leads the ICT and Smart Environments group within the Action group D4. Polibienestar can thus efficiently involve relevant stakeholders and local authorities in charge for health, AAL, ICT solutions for AAL in future similar actions at a regional and trans-regional level.

Entity name: K-veloce I+D+i

Description: K-veloce has implemented this Support Action. The company has a wide experience in the training and assessment of private and public R&D entities and authorities. Besides, the entities has closely cooperated with intermediary local entities such as the Valencian Institute of Business Competitiveness, the Chambers of Commerce of the Valencian Region and the Europe Enterprise Network of the region. The company can thus efficiently involve local authorities and relevant stakeholders in future similar actions at a regional and trans-regional level.

Network name: European Local Inclusion & Social Action Network – ELISAN

Description: ELISAN network is open to European territorial communities, as well as town networks, experts in local social action and European networks acting in the field of social action or interested in working to develop a social Europe which guarantees the basic rights of all citizens.

Network name: European Network of Social Authorities – ENSA

Description: The network organises its work in five subject areas of intervention. Each has its own “thematic network”: elderly, youth, child issues, disability and social inclusion. The thematic networks work in an independent way according to the wishes and needs of members and in order to carry out activities in line with EU policies. It is in the thematic networks that ENSA’s practical work is done. Members will plan and undertake study visits, exchange programmes, joint and shared projects and special events.

Network name: AGE-Platform EU

Description: AGE Platform Europe is a European network of around 167 organisations of and for people aged 50+ which aims to voice and promote the interests of the 150 million senior citizens in the European Union and to raise awareness on the issues that concern them most.

Network name: Committee of the Regions

Description: As the EU's Assembly of Regional and Local Representatives, the Committee, among other aims, tries to cooperate closely between regions to ensure good governance encouraging exchange between them.

Annex II. Recommended events for dissemination

#	DATE	NAME	TOPIC	PLACE	WHO ORGANIZES	TARGET GROUP
1	03 March 2014	Opportunities for SMEs under Horizon 2020: "Horizon 2020 Is Open for Business"	Opportunities for SMEs under H2020	Brussels (Belgium)	European Commission	Practitioners from national programmes, experts in SME innovation and research, stakeholders from the SME community and SME associations, members of SME networks, representatives from national innovation agencies and from governmental bodies.
2	04-07 March	The 11th International Conference on Urban Health, Manchester	Effects of urbanisation and urban environments on the health of urban populations	Manchester (UK)	International Society for Urban Health (ISUH)	Urban health stakeholders: multidisciplinary scientists, practitioners, development partners and various national and regional senior policymakers.
3	05-07 March 2014	SMART CITIES	Solutions for urban systems	Sofia (Bulgaria)	Via Expo	Public Utilities Companies, Energy Network Operators; Construction and architecture companies; Transport companies; Installation companies; Renewable energy and waste management companies; Security System Companies; Building Automation Companies; Municipalities; State institutions; Investors; Consulting companies.
4	05-06 March 2014	Regional and National Governments and Legislators in EU Law-Making: What Needs to Be Done?	General review of the post-Lisbon EU policy cycle, highlighting the main openings and challenges posed for EU regions in the phases of EU policy elaboration, EU legislative decision-making, the adoption of EU delegated and implementing acts, and the application of EU law	Barcelona (Spain)	EIPA - European Institute of Public Administration	National and regional civil servants, members of the civil society and lawyers who already have a general knowledge of EU policy processes but require a post-Lisbon update and greater detail with regard to the specific roles open to EU regions.

#	DATE	NAME	TOPIC	PLACE	WHO ORGANIZES	TARGET GROUP
5	06 March 2014	Implementing the new Structural and Investment Funds Regulations: comparing 2014-2020 with 2007-2013	How programming, management and financial rules are changing	Maastricht (Netherlands)	EIPA - European Institute of Public Administration	All economic actors in the Structural Funds /Cohesion Fund policy-making and implementation process, including Managing, Certifying, Audit authorities, Intermediate Bodies national, regional and local officials or representatives, agencies with an economic development role (such as regional development agencies), educational and training establishments, and other local partners, including consultants and NGOs.
6	06 March 2014	HOST Final Conference	AAL solutions at social housing dwellings	Brussels (Belgium)	CECODHAS and HOST consortium	European (national/regional) stakeholders in the field of housing and ICTs for elderly.
7	07-08 March 2014	6th European Summit of Regions and Cities	To take stock of the efforts made at European, national, regional and local level to deliver job-rich recovery	Brussels (Belgium)	Committee of the Regions (CoR), together with the Region of Attica	European political leaders about the 2014 European elections.
8	10 March 2014	9th European Annual Symposium EU Funds 2014 Managing Change with the new Generation of European Structural and Investment Funds 2014-2020	Correct management and control of EU Funds	Berlin (Germany)	European Academy for Taxes, Economics & Law	Public officials such as Directors, Heads of Units, Managers, Auditors and other experts dealing with the management, certification and control of all EU Funds: among them Regional and Local Governments, Municipalities; National and Regional Courts of Auditors; Regional Development Agencies.
9	10-11 March 2014	The Innovation Union Conference	Contribute to the innovation debate with business leaders, top researchers and high-level policy makers	Brussels (Belgium)	European Commission	Anyone involved in innovation, from the worlds of research and business to those involved in policy making and funding innovation
10	10-11 March 2014	State Aid Procedures and Enforcement: the SANI System	Interpretation and application of procedural rules in the field of State Aid	Maastricht (Netherlands)	EIPA - European Institute of Public Administration	Middle managers and senior officials from all levels of government and local authorities, officials from public enterprises, representatives of business and trade associations, as well as lawyers and economists dealing with State Aid.

#	DATE	NAME	TOPIC	PLACE	WHO ORGANIZES	TARGET GROUP
11	11 March 2014	Territorial Development in Europe: Potentials and Challenges for Iceland, Liechtenstein, Norway, and Switzerland – and for the European Union	Territorial development and cooperation; International, national and regional gateways	Brussels (Belgium)	ESPON 2013 Programme	Regional and national policy makers.
12	13-14 March 2014	Understanding EU Decision-Making: Principles, Procedures, Practice	Framework for understanding EU decision-making	Maastricht (Netherlands)	EIPA - European Institute of Public Administration	Public officials preparing to assume EU responsibilities, EU affairs professionals, people needing to quickly acquire a comprehensive familiarity with how EU decisions are taken.
13	17 March 2014	AER Regional Innovation Award Ceremony	Can Innovation Save the European Industrial Sector?	Brussels (Belgium)	Assembly of European Regions	EU policy makers and key stakeholders.
14	26-29 March 2014	13th International Geneva / Springfield Symposium on Advances in Alzheimer Therapy	Leading scientists will discuss new targets and drugs for the treatment of Alzheimer's disease and novel approaches to current therapy	Geneva (Switzerland)	Geneva University Hospitals	Neurologists, psychiatrists, geriatricians and pharmacologists.
15	26 March 2014	Final Conference of the AALiance2	AAL Roadmap and Strategic Research Agenda	Brussels (Belgium)	Consortium	Interested stakeholders.
16	29-30 April 2014	Smart to Future Cities	Smart cities technologies	London (UK)	OVUM	IT professionals, from sectors such as the Public Sector, Financial Services, Retail, Media, Utilities, Transportation, Manufacturing and Energy, etc.
17	01-04 June 2014	International Conference on Biomedical and Health Informatics: translating key health challenges with advances in biomedical informatics	Cutting-edge biomedical and healthcare technology research and development, clinical applications, to biomedical education	Valencia (Spain)	IEEE Engineering in Medicine and Biology Society (IEEE-EMBS)	Biomedical and healthcare technology researchers and stakeholders.

#	DATE	NAME	TOPIC	PLACE	WHO ORGANIZES	TARGET GROUP
18	12-14 June 2014	Conference: A Matter of Design. Making Society through Science and Technology	Societal impacts of new technologies	Milano (Italy)	Italian Society of Science and Technology Studies	Professionals from a variety of disciplines and fields (sociology, anthropology, law, philosophy, design, psychology, semiotics, history, and economics, etc.).
19	15 June 2014	Diverse Regions: Building Resilient Communities and Territories	Challenges confronting policymakers and practitioners in regions	Izmir (Turkey)	Regional Studies Association	Policymakers and practitioners.
20	21-26 June 2014	Euroscience Open Forum - ESOF 2014	Platform for research and global challenges	Copenhagen (Denmark)	Danish Ministry of Higher Education and Science	Leading scientists, young researchers, students, entrepreneurs, policymakers, journalists and the general public.
21	24-26 June 2014	The International Conference on Digital Information, Networking, and Wireless Communications (DINWC2)	Among others: E-technology, technology developments, E-learning etc.	Ostrava (Czech Republic)	VSB-Technical University of Ostrava	Researchers.
22	08-11 July 2014	7th European Workshop on Structural Health Monitoring	Structural health monitoring	Nantes (France)	Université de Nantes	Global community of PHM experts from industry, academia, and government.
23	09-11 July 2014	14th International Conference on Computers Helping People with Special Needs	Assistive Technology and accessible ICT for people with disabilities and older adults	Saint-Denis (France)	Université Paris and other universities	Researchers, practitioners and experts.
24	14-15 August 2014	MHCI 2014 - 2nd International Conference on Multimedia and Human-Computer Interaction	Applications of multimedia and human-computer interaction.	Prague (Czech Republic)	International ASET Organization	Researchers.
25	14-15 August 2014	International Conference on Biomedical Engineering and Systems (ICBES)	Applications of biomedical sciences and engineering	Prague (Czech Republic)	International ASET Organization	Researchers active in the different fields of biomedical sciences and engineering.

#	DATE	NAME	TOPIC	PLACE	WHO ORGANIZES	TARGET GROUP
26	22-24 September 2014	The International Conference on Education Technologies and Computers (ICETC2014)	Among others: E-learning platforms, technology enhanced learning, etc.	Lodz (Poland)	Lodz University of Technology	Researchers.
27	06-09 October 2014	OPEN DAYS 12th European Week of Regions and Cities	Policy cohesion; Economic, Social and Territorial Cohesion	Brussels (Belgium)	European Commission	Audience specifically interested in regional policy; European, national, regional and local government officials; representatives of private companies, financial institutions and European and national associations.